NACTO 3549

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(Red	questor's Name)	
(Add	dress)	
(Ád	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP		MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
E	FFECTIVE DATE	
	Office Use Onl	v



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SEP 1 8 2018 S. YOUNG

COVER LETTER

AGA, Inc. P.O. Box 3118 Naples, Florida 34106

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: Aliensted Grandparents Anonymous Inc.
DOCUMENT NUMBER: 12 00000 3549
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Susan Randell (Name of Contact Person) AGA, INC. (Firm/Company) PO Box 3118 (Address) Naples, Florida 34106 (City/State and Zip Code) info @ AGA - FL . org E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

(Name of Contact Person) at 239. (Name of Contact Person) (Area Code) (Da -42<u>9</u> 988 (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

⋬ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is
		enciosed)	Enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Ai	rticles of Amendment		
	to distance for summarian		
	ticles of Incorporation of		
Alienated Grandpar (Name of Corporation as cu		XMOUS J	<u>nc</u>
(<u>Name of Corporation as cu</u>	rrently med with me rior	ida Dept. of State)	
N 12 00000 354 (Document N	9 Jumber of Corporation (if ki	nown)	1
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	latutes, this <i>Florida Not Fo</i>	r Profit Corporation add	opts the following
A. If amending name, enter the new name of the corp	oration:		
			The new
name must be distinguishable and contain the word "corp "Company" or "Co," may not be used in the name.	poration" or "incorporated	<i>t" or the abbreviation</i> "	Corp." or "Inc."
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
			6
			E SI T
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			<u> </u>
D. If amending the registered agent and/or registered	Laffice address in Florida	enter the name of the	E ZO
new registered agent and/or the new registered of	fice address:	Chief the name of the	
<u>Name of New Registered Agent:</u>	<u>Carol</u>	JOILY	
_2	300 Davis	<u>S Blud . No</u> Iorida street address)	ples, FL 34104
New Registered Office Address:			> [[2]]
	(Ciŋ)	, Florida <i>(Zip</i> C	

New Registered Agent's Signature, if changing Registered Agent:

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I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Curol O. Gally Signature of New Registered Agent, if changing

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

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Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>John De</u> <u>V</u> <u>Mike Je</u> <u>SV</u> <u>Sally Sr</u>	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	P T D	Susan Kandal	PO Box 3118 Naples, EL 34K6
2) Change Add Remove	<u>Р</u> п т	Carol Golly	2800 Davis Blud. Naples, FL 34104
3) Change Add	<u> </u>		
4) Remove			
Remove 5) Change Add			
6) Change			
Add			

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
(attach additional sheets, if necessary).	(Be specific)		
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Page 3 of 4

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	Ortober 1 2018

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

- □ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

stember 14, 2018 Dated 2 Can Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

President