

N1300000 2238

(Requestor's Name)

347 Lamp Lighter Dr  
Melbourne, FL 32934

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

(Business Entity Name)

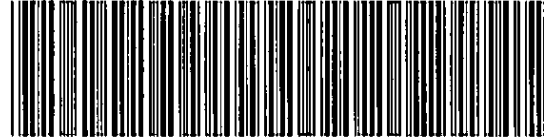
(Document Number)

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07/19/94 10:00 AM

2019 AUG 14 AM 11:41

11

C. GOLDEN

AUG 15 2019

8/8/19

To: Division of Corporations

From: Florida Hawaiian Civic Association, Inc

# N13000602238

\* Hope I got all this correct.

Thank you for your help!

I started doing this on 6/11/19.

Respectfully,

Leilani Barbara Longbone

President



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 29, 2019

LEILANI LONGBONS  
347 LAMPLIGHTER DRIVE  
MELBOURNE, FL 32934

SUBJECT: FLORIDA HAWAIIAN CIVIC ASSOCIATION, INC.  
Ref. Number: N13000002238

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Page 1 is missing.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 119A00015473

RECEIVED  
2019 AUG 14 PM 12:03

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2019 AUG 14 AM 11:41

(Name of Corporation as currently filed with the Florida Dept. of State)

Florida Hawaiian Civic Association, Inc

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

☒ **A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

347 Lamplighter Dr  
Melbourne FL  
32934

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Leilani Barbara Longbons

347 Lamplight Drive

New Registered Office Address:

Melbourne  
(City)

Florida

(Zip Code)

FL 32934

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

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

Leilani Barbara Longbons  
Signature of New Registered Agent if changing

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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- 1) ☒ Change  
☐ Add  
☐ Remove

C

Randy Avon

PO Box 39297  
Ft. Lauderdale, Fla  
33339

- 2) ☒ Change  
☐ Add  
☐ Remove

P

Leilani Barbara Longbors

347 Lamplighter Drive  
Melbourne, FL  
32934

- 3) ☐ Change  
☒ Add  
☐ Remove

T

TRACI REISING

2625 Revolution St  
#104  
Melbourne, FL 32935

- 4) ☐ Change  
☐ Add  
☐ Remove

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 5) ☐ Change  
☐ Add  
☐ Remove

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 6) ☐ Change  
☐ Add  
☐ Remove

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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.

Dated

July 11<sup>th</sup> 2019

Signature

Leilani Barbara Longbons

(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)

Leilani Barbara Longbons

(Typed or printed name of person signing)

President

(Title of person signing)