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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FOUR TOWNS OPTIMIST CLUB, INC				
DOCUMENT NUMBER: N 1300001107/				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
CLYDE P. ADAMS JR. (Name of Contact Person)				
(Name of Contact Person)				
(Firm/ Company)				
735 INDEPENDENCE DR. (Address)				
ORANGE CITY, FL. 32763 (City/State and Zip Code)				
(City/ State and Zip Code)				
CLYDE. ADAMS 1950 @ YANDO . COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
CLYDE D. ADAMS JR. at (386) 774-6233 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)				
Mailing Address Street Address				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation of

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8500			1.11	40.5

<b>~</b>	, ,	of	14 168 50	FH 4: 21
FOUR TOWNS Q	PTIM 157	- CluB,	INC	** 21
(Name of Corporation as currently fi	led with the Florida	Dept. of State)	Marine Star	FLOSS
N 13000011071				
(Docume	ent Number of Corpo	ration (if known)		
Pursuant to the provisions of section 617.1000 amendment(s) to its Articles of Incorporation		is <i>Florida Not For Pr</i>	ofit Corporation adopts th	e following
A. If amending name, enter the new name	of the corporation:			
NA				The new
name must be distinguishable and contain the "Company" or "Co." may not be used in the		or "incorporated" of	r the abbreviation "Corp.'	
B. Enter new principal office address, if a (Principal office address MUST BE A STRE	pplicable:	N/A		_
(Francipul office undress MOST BE A STRE	<u>.e. address</u> )			
C. Estar serverelling address if and liceba		•		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		AIN		_
		,		
				_
				_
D. If amending the registered agent and/or new registered agent and/or the new re			er the name of the	
	<u> </u>			
Name of New Registered Agent:			·	
	(Flor	ida street address)		
New Registered Office Address:	·	,		
			_, Florida	<del> </del>
	(City)		(Zip Cod	le)
New Registered Agent's Signature, if chan				
I hereby accept the appointment as registered	t agent. I am familio	ar with and accept the	obligations of the position	
S	ignature of New Reg	istered Agent, if chang	ung	

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)

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change	<del></del>	-	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			_
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add		•	
Remove			
5) Change			
		**************************************	- <del> </del>
Add			
Remove			
6) Change			_
Add			
Remove		•	

E.	If amending or adding addition	nal Articles,	enter	change(s)	here:
	(attach additional abouts if now	(P)	unaai	fiel	

ARTICLE III. THE SPECIFIC PURPOSE FOR WHICH THIS
CORPORATION IS ORGANIZED IS:
TO FUNCTION AS AN OPTIMIST CLUB AFFILIATED WITH
OPTIMIST INTERNATIONAL; TO CONDUCT A CIVIC AND SOCIAL
WELFARE ORGANIZATION FOR THE COMMON BENEFIT OF
THE MEMBERS AND THE COMMUNITY; TO DEVELOP OPTIMISM
AS A PHILOSOPHY of LIFE; TO PROMOTE AN ACTIVE INTEREST
IN GOOD GOVERNMENT AND CIVIC AFFAIRS; TO INSPIRE
RESPECT FOR LAW; TO PROMOTE PATRIOTISM AND WORK
FOR INTERNATIONAL ACCORD AND FRIENDSHIP AMONG
ALL PEOPLE; TO AID AND ENCOURAGE THE DEVELOPMENT
of YouTH; AND TO TAKE DUEZ, CARRY ON AND
CONTINUE THE AFFAIRS, PROPERTY OBLIGATIONS
BUSINESS AND OBJECTIVES OF THE UNINCORPORATED
CHUB KNOWN AS THE FOUR TOWNS OPTIMIST CLUB

The date of each amendment(s) ad	loption:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	Mad A	
Signature(By the chair	man or vice chairman of the board, president or other officer-if directors	
have not be	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
CLYDE	(Typed or printed name of person signing)	
,	(Typed or printed name of person signing)	
PRESID	ENT	
	(Title of person signing)	