

N/4000008105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

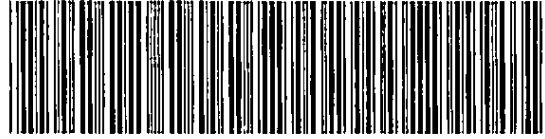
(Business Entity Name)

(Document Number)

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2017 OCT -2 PM 4: 51

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COVER LETTER

FD: Amendment Section
Division of Corporations

2007 OCT -2 PM 4:51

NAME OF CORPORATION: COSMO HISTORICAL PRESERVATION CORPORATION

DOCUMENT NUMBER: N1400008105

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERALD P JONES

(Name of Contact Person)

JONES TAX OFFICES, INC

(Firm/ Company)

13453 NORTH MAIN STREET, SUITE 201

(Address)

JACKSONVILLE, FLORIDA 32218

(City, State and Zip Code)

HTO@JONESTAXOFFICES.COM

(E-mail address; to be used for future annual report notification)

For further information concerning this matter, please call:

GERALD P JONES

904

924-7820

(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
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2601 Executive Center Circle
Tallahassee, FL 32304

RECEIVED
17 SEP -5 PM 4:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2017 OCT -2 PM 4:51

Articles of Amendment
to
Articles of Incorporation
of

COSMO HISTORICAL PRESERVATION CORPORATION

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

NE4000005105

(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 amendments to its Articles of Incorporation:

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

NA *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)

NA

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

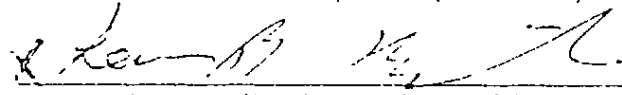
POST OFFICE BOX 350403
JACKSONVILLE
FLORIDA 32235

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 LEEVON WHITE
11343 FORT CAROLINE ROAD
(Florida street address)
New Registered Office Address:
JACKSONVILLE, Florida 32225
(City) (Zip Code)

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.


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 PS1 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, P1 as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example:

X Change P1 John Doe
 X Remove V Mike Jones
 X Add SA Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|---------------|--------------------------|--|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>P/D</u> | <u>DELMPS, FETHLED</u> | <u>11410 FORT CAROLINE ROAD</u> <u>JACKSONVILLE</u> <u>FLORIDA 32225</u> |
| 2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>VP</u> | <u>OLIVER, PRESTON</u> | <u>4778 PARK STREET</u> <u>JACKSONVILLE</u> <u>FLORIDA 32205</u> |
| 3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>ASST T</u> | <u>WILLIAMS, ANTHONY</u> | <u>4859 WHITE BLUFF DRIVE</u> <u>JACKSONVILLE</u> <u>FLORIDA 32225</u> |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>ASST S</u> | <u>DELMPS, SABRINA</u> | <u>4947 DONCASTER AVENUE</u> <u>JACKSONVILLE</u> <u>FLORIDA 32208</u> |
| 5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>P</u> | <u>WHITE, LEFVON</u> | <u>11343 FORT CAROLINE ROAD</u> <u>JACKSONVILLE</u> <u>FLORIDA 32225</u> |
| 6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>ASST S</u> | <u>MACK, JASMINE</u> | <u>11410 FT. CAROLINE ROAD</u> <u>JACKSONVILLE</u> <u>FLORIDA 32225</u> |

AUGUST 23, 2017

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

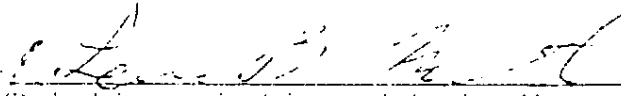
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 AUGUST 23, 2017 _____

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)

LEFVON WHITE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)