11500000116

•

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · · · · · · · · · · · · · · · · · ·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

500311298315

04/04/18--01028--027 **35.00

2019 JAN -3 PH 2: 84

W-3 PH 2: 84

Anund

JAN 03 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CONLITTION	OF MEN OF VALOR BETTLY CONOTY, INC	
DOCUMENT NUMBER: N1566000 21	, 6	
The enclosed Articles of Amendment and fee are submitted	d for filing.	
Please return all correspondence concerning this matter to	the following:	
CHARLES J. GILBERT, II		
(Nai	ne of Contact Person)	
COALITION OF NEW OF PALM	BEHCH COUNTY, INC. (Firm/Company)	
COALITION OF NEW OF PALM 435 SOUTHEAST DNEW ST. A.	SELE GLADE, F1. 33430 (Address)	
BELLE GLACE, F1. 33430 City City WECANRENDOUSESM	y/ State and Zip Code)	
E-mail address: (to be used for i	uture annual report notification)	
For further information concerning this matter, please call:		
CHARLES J. Galberry I	at 56/- 856-7562	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable	e to the Florida Department of State:	
NOTE: FEE PARC/ RECVIC 113 OF (A	3.75 Filing Fee & S52.50 Filing Fee crtified Copy dditional copy is closed)	
Mailing Address Amendment Section	Street Address Amendment Section	

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



April 5, 2018

CHARLES J GILBERT II 435 SE 2 ST STE 2 BELLE GLADE, FL 33430

SUBJECT: THE COALITION OF MEN OF PALM BEACH COUNTY, INC.

Ref. Number: N15000002116

We have received your document for THE COALITION OF MEN OF PALM BEACH COUNTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Letter Number: 218A00006910

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

Division of Company in D.O. DOV 6207 Wellahaman Florida 20214

Articles of Amendment to Articles of Incorporation of

CONTITION OF MEN OF AND (Name of Corporation as current	lm BEACH	COUNTY, INC.	
(Name of Corporation as curren	itly filed with the F	lorida Dept. of State)	
N1500000 2116		.	
	per of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not</i>	For Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corporat	<u>ion:</u>		
			The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorpore	nted" or the abbreviation "Corp."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	\ 		
(Frincipal office address MOST BE A STREET ADDRESS	,	20,0	~
		-6	19
C. Enter new mailing address, if applicable:			1
(Mailing address MAY BE A POST OFFICE BOX)			<u>ω :</u>
		<u>-::</u> :	골 [
		<u> </u>	ب ف
		 	<u>ණ</u>
D. If amending the registered agent and/or registered office	ce address in Flori	da, enter the name of the	
new registered agent and/or the new registered office a			
Name of New Registered Agent:			
Hame of Hen Negasier ca rigera.	<u> </u>	 -	
		(Florida street address)	
New Registered Office Address:		(Prorial Sireet address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am fa		ept the obligations of the position	
·			
	ignature of New Res	gistered 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: X Change X Remove X Add	<u>V Mik</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	PSI	CHARLES J. Gilbert, IT	435 SOUTHEAST AND ST, QUITE! BELLE GLADE, FLORILA 334
2) Change Add			<u></u>
Remove 3) Change Add	. —		
Remove 4) Change Add			
Remove 5) Change Add	<u> </u>	·	
Remove 6) Change			
Add Remove			

CHARTORLE, NOT-FOR-PROTE WORK, ASSISTED YOUTH OF PALM BENCH COUNTY. AND BEYOND, IN GENELOFER THERE ACREMIC FOUNDATION; CULTURE AMERICANS AND BEYOND, IN GENELOFER THERE ACREMIC FOUNDATIONS; CULTURE AMERICAN AND BEYOND, IN GENELOFER AND AMERICAN STREET AND STREET AND STREET THE THE THE THE THE THE THE THE THE	E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
AND BEYOND, IN DEVELOPING THEM ACREMIC FOUNDATIONS (UNTIRAL ACREMICS) AND WORK ETHIC TO INFONE ENFLOYMENT SPORTUNITY, AS WELL AS THEM. PHYSICAL AND SPECIAL NEEDS FOR A " WHOLE- PERSON" APPROPRIATE EFFECT	CHARLTADE, NOT- FOR-PROFET WORK, ASSISTENG YOUTH OF PALM BETTCH COWN
AND WORK ETHER TO INFLORE EMPLOYMENT OFFICENCY, AS WELL AS THERE. PHYSICAL AND SPECIAL NEEDS FOR A !! UNIONE- PERSON" APPROPRIENT	AND BEYOND, IN CLEVELOSING THEIR ACADEMIC FOUNDATION; CULTURY ALCHENCE
MYSICAL AND STEATH NEEDS FOR A " WHOLE- PERSON" APPROPRIATION EFFET	AND WORK ETHIC TO IMPONE EMPLOYMENT OFFORTUNETS, AS WELL AS THERE
	PHYSICAL AND SPERENCE NEEDLS FOR A " UNFOLE- PERSON" AFROMEH HILL EFFET

The date of each amendment(s) date this document was signed.	adoption:	, if other than th
Effective date if applicable:	IMMEDIATE	
	(no more than 90 days after amendment file do	ne)
Note: If the date inserted in this bedocument's effective date on the I	lock does not meet the applicable statutory filing require partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast f val.	or the amendment(s)
There are no members or me adopted by the board of directions.	nbers entitled to vote on the amendment(s). The amendetors.	iment(s) was/were
Dated Dated	December 19th 2018	
Signature Cha	lo Q. Dilbert, I	
have not b	airman/br vice chairman of the board, president or other been selected, by an incorporator – if in the hands of a re t appointed fiduciary by that fiduciary)	
<u>C</u> 44	ARLES J. G. T. WERF, I. (Typed or printed name of person sign	ing)
1	PETERST	
	(Title of person signing)	