## NIS 0000 8776

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Six Gun Tel	rritory Historical Society, Inc.
N15000008776  DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Daryl Kirby	
	(Name of Contact Person)
Six Gun Territory Historical Society, Inc.	
	(Firm/ Company)
19630 NE 30th Street	
	(Address)
Williston, FL 32696	
	(City/ State and Zip Code)
daryl@kirbyfarm.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matte	r, please call:
Daryl Kirby	352 812-5661 at
(Name of Contac	
Enclosed is a check for the following amount	made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Certificate of	Fee & Status Certified Copy (Additional copy is enclosed)  Status Certified Copy (Additional Copy is Enclosed)  Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Six Gun Territory Historical Society, Inc

Name of Corporation as currently filed with the N15000008776	e Florida I	Dept. of State)			·-·	
(Docum	nent Numb	er of Corporation (if kno	wn)	<del>-</del>		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statut	es, this <i>Florida Not For</i> .	Profit Corpo	ration adopts (	he fol	lowing
A. If amending name, enter the new name of the	e corporat	ion:				
N/A					Ti	ne new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		tion" or "incorporated"	or the abbre	•	"or	
B. Enter new principal office address, if applica	blar	N/A		ר נ	<b>?</b> ≘?!	
(Principal office address MUST BE A STREET A		)			<b>7</b> 074 KAR	1:
					00	:
					<u>च</u>	1 4 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROX)	PO Box 71			?	
,	<u> </u>	Williston, FL 32696		;	59	·
D. If amending the registered agent and/or registered agent and/or the new register			nter the nan	ne of the		
Name of New Registered Agent:	Daryl Kir	by				
	19650 NI	30th Street		·		
<u>New Registered Office Address</u> :	•	(Flori	ida street addres	is)		
	Williston			Florida 3269	6	
		(City)	·	(Zip Code)		
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen			e obligations	of the position	1.	
_						
	Si	gnature of New Register	ed Agent, if c	hanging		

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 <math>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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change Add	Р	Jim Pierce	4645 SE 145th Street Summerfield, FL 34491
x Remove			
2) <u>×</u> Change Add	<u>P</u>	Daryl Kirby	19650 NE 30th Street Williston, FL 32696
Remove 3) Remove Add Remove	D	Leslie Kemper	9530 County RD 13 North Lot D Saint Augustine, FL 32092
4) Change Add	D	Wanda Penuel	7890 NE 7th Street Ocala, FL 33470
Remove  5) Change  Add	<u>D</u>	Clifford Matthews	3808 Ohayo Mountain Road Lady Lake, FL 32159
Remove 6) Change	<u>D</u>	Arthur Botzenmayer	6995 SE 168th Ave. Ocklawaha, FL 32179
E. If amending or addin (attach additional shee		<u>cles, enter change(s) here</u> : (Be specific)	
Amending Directors Con	tinued:		
7) Type of Action: Add,	Title: D, Name: Pe	nny Bell, Address: 2828 NE 49th Ave., Lot I	39, Ocala, FL 34470
8) Type of Action: Add,	Title: D, Name: Cl	narles Pennington, Address: 121 Rosedale Av	e., Spring Hill, FL 34606

The date of each amendment(s) adoption:  date this document was signed.  3-19-24
Effective date if applicable:  3-19-24
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.

adopted by the board	of directors.
3- Dated	19-24
Dated	
Signature	PRESLUENT
ha	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Daryl Kirby
	(Typed or printed name of person signing)
	President
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were