

N15 000009099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

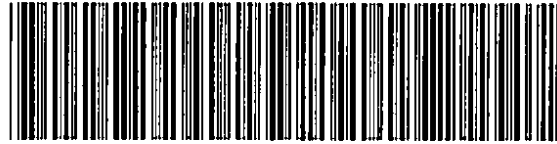
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CLERK OF STATE
JUL 11 2019
10:24 AM
HONOLULU

Amend

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D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SOUTH FLORIDA ANNUAL "B" CONFERENCE, INC.

NAME OF CORPORATION: _____

N15000009099

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

BURNELL CRAIG

(Name of Contact Person)

SOUTH FLORIDA ANNUAL "B" CONFERENCE, INC.

(Firm/ Company)

901 SOUTHWEST 6th STREET

(Address)

HOMESTEAD, FLORIDA 33033

(City/ State and Zip Code)

burnellcraig@bellsouth.net

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

For further information concerning this matter, please call:

BURNELL CRAIG

305

606-0641

at

(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
2661 Executive Center Circle
Tallahassee, FL 32301

19 OCT

9

PM 2:14

FILED
RECEIVED
OCT 9 1997

Articles of Amendment
to
Articles of Incorporation
of

SOUTH FLORIDA ANNUAL "B" CONFERENCE, INC.

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

N15000009099

(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:

N/A

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)

901 SOUTHWEST 6th STREET

HOMESTEAD, FLORIDA ~~33033~~ 33030

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

901 SOUTHWEST 6th STREET

HOMESTEAD, FLORIDA ~~33033~~ 33030

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:

MEARS, KEVIN T

1211 SANDPIPER BOULEVARD

(Florida street address)

New Registered Office Address:

HOMESTEAD

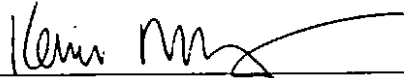
(City)

Florida 33035

(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

STATE OF FLORIDA
COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me
this 14 day of Oct, 2019, by Kevin Mears

Nekik DeLoach Nekik DeLoach
Notary Public's Signature Notary Name

Personally Known ☒ OR
Type of Identification Produced _____

Page 1 of 4



Nekik DeLoach
Commission #FF995185
Expires: May 23, 2020
Bonded thru Aaron Notary

19 OCT 19 PM 2:15
FILED
CLERK OF DISTRICT COURT
12th DISTRICT
JANET L. HARRIS, CLERK

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> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--|--------------|-----------------------------|--|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>D</u> | <u>MOSS, PAUL E, JR.</u> | <u>4343 NW 3rd AVENUE</u> <u>MIAMI, FL 33127</u> |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>D</u> | <u>SOUTER, LARRY E, SR.</u> | <u>1000 NW 201 STREET</u> <u>MIAMI, FL 33169</u> |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>RS</u> | <u>TURNER, YESMAN E</u> | <u>3020 NW 205th STREET</u> <u>MIAMI GARDENS, FL 33056</u> |
| 4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>TREA</u> | <u>RANDLE, CLAUDETTE</u> | <u>1615 NW 134 STREET</u> <u>NORTH MIAMI, FL 33167</u> |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>BM</u> | <u>RANDLE, JOHN</u> | <u>1615 NW 134 STREET</u> <u>NORTH MIAMI, FL 33167</u> |
| 6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>PD</u> | <u>MEARS, KEVIN T</u> | <u>1211 SANDPIPER BOULEVARD</u> <u>HOMESTEAD, FLORIDA 33035</u> |

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:

| | | |
|-----------------|-----------|--------------------|
| <u>X</u> Change | <u>PT</u> | <u>John Doe</u> |
| <u>X</u> Remove | <u>V</u> | <u>Mike Jones</u> |
| <u>X</u> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|---|--------------|---------------------------------|--|
| 1) <u> </u> Change <u> X </u> Add <u> </u> Remove | <u>CD</u> | <u>THOMPSON, ELLA R</u> | <u>5324 SOUTHWEST 132 TERR</u> <u>MIRAMAR, FLORIDA 33027</u> |
| 2) <u> </u> Change <u> X </u> Add <u> </u> Remove | <u>T</u> | <u>DeLOACH, ERIC, SR.</u> | <u>901 SOUTHWEST 6th STREET</u> <u>HOMESTEAD, FLORIDA 33033</u> <u>33030</u> |
| 3) <u> </u> Change <u> X </u> Add <u> </u> Remove | <u>RS</u> | <u>CRAIG, BURNELL</u> | <u>901 SOUTHWEST 6th STREET</u> <u>HOMESTEAD, FLORIDA 33033</u> <u>33030</u> |
| 4) <u> </u> Change <u> X </u> Add <u> </u> Remove | <u>FS</u> | <u>CANNON, ELLISICA DeLOACH</u> | <u>12623 SOUTHWEST 224th ST</u> <u>MIAMI, FLORIDA 33170</u> |
| 5) <u> </u> Change <u> X </u> Add <u> </u> Remove | <u>TR</u> | <u>SMITH, GINA</u> | <u>160 NORTHWEST 9th AVENUE</u> <u>FLORIDA CITY, FL 33034</u> |
| 6) <u> </u> Change <u> </u> Add <u> </u> Remove | <u> </u> | <u> </u> | <u> </u> <u> </u> <u> </u> |

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

N/A

SEPTEMBER 14, 2019

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

SEPTEMBER 14, 2019

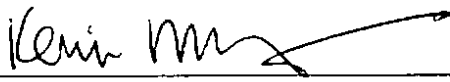
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 OCTOBER 11, 2019

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)

KEVIN MEARS

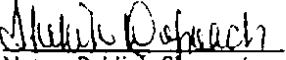
(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)

STATE OF FLORIDA
COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me
this 14 day of Oct, 2019, by Kevin Mears

 Nekiki DeLoach
Notary Public's Signature Notary Name
Personally Known ✓ OR
Type of Identification Produced _____



Nekiki DeLoach
Commission #FF995185
Expires: May 23, 2020
Bonded thru Aaron Notary