Filogida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000269222 3)))					
M170002992223ABC+					
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.					
To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : GRAY ROBINSON, P.A. Account Number : 075154001651 Phone : (321)727-8100 Fax Number : (321)984-4122 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address: ACCOUNT Name : GRAY ROBINSON, P.A. ACCOUNT Number : 075154001651 Phone : (321)727-8100 Fax Number : (321)984-4122 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** OCT 12 2017 ALBRITTON					
COR AMND/RESTATE/CORRECT OR O/D RESIGN SPACE COAST REALTORS CHARITABLE FOUNDATION, INC. Certificate of Status Certified Copy Page Count Estimated Charge \$35.00					
Electronic Filing Menu Corporate Filing Menu Help					

No. 0998

Articles of Amendment to Articles of Incorporation

Space Coast Realtors Charitable Foundation, Inc.				
(Name of Corporation as co	urrently filed with the Florida Dept. of State)			
N15000009288				
(Document)	Number of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tamtes, this Florida Not For Profit Corporation adopts the following			
A. If amending name, enter the new name of the corp	poration:			
Space Coast Association of REALTORS Foundation, In-	C. The new			
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc."			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	1450 SARNO Rd			
	1450 SARNO Rd ESS) MELBOURNE FL 32935			
C. Enter new mailing address, if applies ble: (Mailing address MAY BE A POST OFFICE BOX)	1450 SARNO Rd HELBOURNE FL 32935			
D. If amending the registered agent and/or registered new registered agent and/or the new registered off				
Name of New Registered Agent:				
New Registered Office Address:	(Florida street àddress)			
	, Floride			
	(City) (Zip Codé)			
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I at	ered Agent: m 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 = ChiefExecutive 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</u>	Iohn Doe Mike Jones Saily Smith	
Type of Action (Check One)	<u>Titlo</u>	Name .	Address
1) Change			<u> </u>
Add		•	
Remove		· · · · ·	
2)Change			<u> </u>
Add		,	
Remove			
3)Change			
Add			
Řemove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			·
Remove		•	
5) Change			
A dd			
Remove			
)Change			
Arld			
Remove			

If amending or adding additional Ar attach additional sheets, if necessary).	. (Be specific)
·	·
·	
,	
	•
	<u></u>
	•
	
	· · · · · · · · · · · · · · · · · · ·
·	

Page 3 of 4

	e date of each amendment(s) adoption:	, if other than the
	This about the organical	
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unsent's effective date on the Department of State's records:	listed as the
Ado	option 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.	
8	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 Sept. 1, 2017	
	Signature Louise Mc Plan	
	(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)	
	(Typed or printed name of person signing)	
	(Types of penson signing) (Title of person signing)	
	(rang or bergott atkinus).	