

N156666 9929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

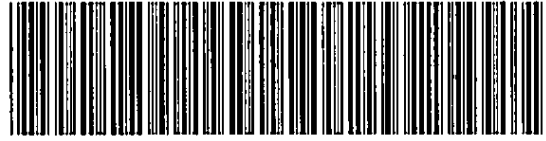
(Business Entity Name)

(Document Number)

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S. TALLENT
MAY 30 2018

FILED
18 MAY 29 PM 2:28

Prand



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2018

ALEXIS BARNES
RAINES NATIONAL ALUMNI ASSOCIATION
P.O. BOX 40088
JACKSONVILLE, FL 32203

SUBJECT: WILLIAM M RAINES NATIONAL ALUMNI ASSOCIATION INC
Ref. Number: N15000009929

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 218A00008569

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: William M. Raines National Alumni Association Inc

DOCUMENT NUMBER: 71500009929

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

Please return all correspondence concerning this matter to the following:

Alexis Barnes

(Name of Contact Person)

William M. Raines National Alumni Association

(Firm/ Company)

P.O. Box 40089

(Address)

Jacksonville, FL 32209

(City/ State and Zip Code)

ajuneseak@gmail.com

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

For further information concerning this matter, please call:

Alexis Barnes

(Name of Contact Person)

at

904-353-3735

(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

RECEIVED
18 MAY 29 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FL 32301



Raines National Alumni Association, Inc.

April 17, 2018

Amendment Section
Division of Corporations
POB 6327
Tallahassee, FL 32314

To Whom It May Concern,

This is a copy of the request for an amendment change for the William M. Raines National Alumni Association to the Articles of Incorporation.

Amending:
Article IV – Board of Directors
4.01 Number of Directors

Article 4.01 will now read as follows:

William M. Raines National Alumni Association shall have a board of directors consisting of at least 9 and up to 25 directors. Within these limits, the board may increase or decrease the number of directors serving on the board, including for the purpose of staggering the terms of the directors.

Articles of Amendment
to
Articles of Incorporation
of

William M. Raines National Alumni Association Inc

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

11500009929

(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:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>V</u>	<u>Justine Redding</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>Larry Dixon</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

ARTICLE IV - Board of Directors

4.01 Number of Directors - Change

(Amendment to now read:)

William M. Raines National Alumni Association
shall have a board of directors consisting
of at least 9 and up to 25 directors.
Within these limits, the board may increase
or decrease the number of directors serving
on the board, including for the purpose
of staggering the terms of directors.

The date of each amendment(s) adoption: MARCH 8, 2018 if other than the date this document was signed.

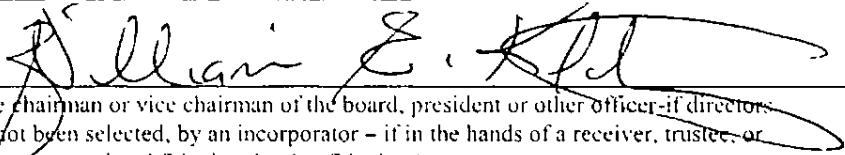
Effective date if applicable: APRIL 1, 2018
(no more than 90 days after amendment file date)

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 4-18-18

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)

WILLIAM E. KITCHINGS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)