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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Palm Beach Chapter ON:	of the Kentucky Soc	iety of the Son	s of the Revolution, Inc.
DOCUMENT NUMBER:	N15000011094			
The enclosed Articles of Am				
Please return all corresponde	ence concerning this matt	er to the following:		
Joe McChristian, Jr.				
<u></u>		(Name of Contact Pe	erson)	
PBC-SR				
		(Firm/ Company	y)	
PO Box 2257				
· · · · · · · · · · · · · · · · · · ·		(Address)		
Hobe Sound, FL 33475				
	· ·	(City/ State and Zip	Code)	
Joe@McChristian.com				
E	-mail address: (to be used	for future annual rep	port notification	1)
For further information cone	erning this matter, please	: call:		
Joe McChristian, Jr.		at	772	485-1268
	(Name of Contact Persor			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		<u>Sti</u>	reet 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

	Mitteles	of of		2622
Palm Beach Chapter of the Kentucky Society of th	ne Sons of t	he Revolution, Inc.		<u>; </u>
(Name of Corporation as currently filed with the	<u>e Florida D</u>	ept. of State)		
N15000011094				ca
(Docum	nent Numb	er of Corporation (f known)	7
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not</i>	For Profit Corporation adopts	the following
A. If amending name, enter the new name of th	e corporati	on:		
Palm Beach Chapter-at-Large of the Sons of the R	evolution, I	nc.		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorpore	nted" or the abbreviation "Cor	p." or "Inc."
B. Enter new principal office address, if applica	ıble:	N/A		
(Principal office address <u>MUST BE A STREET</u> A				
			······································	
		 		
C. Enter new mailing address, if applicable:		N/A		
(Mailing address <u>MAY BE A POST OFFICE</u>	BOX)			
D. If amending the registered agent and/or regi	stored offic	o address in Flori	do onter the name of the	
new registered agent and/or the new register			da, enter the name of the	
Name of New Registered Agent:	N/A			
THE WAS THE TAX THE TA				
			(Florida street address)	
New Registered Office Address:				
	N/A		, Florida	······································
		(City)	(Zip Code,)
New Registered Agent's Signature, if changing	Registered	Agent:		
I hereby accept the appointment as registered agen	it. I am fai	niliar with and acc	ept the obligations of the positi	ou.
-	Ç:	anature of Now Do	gistered Agent, if changing	
	31	gadiare of New Reg	gisierea Agent, ij changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nan 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer. 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. The 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, V as Remove, and Sally Smith, SV as an Add.

	-		
Example: X Change X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) N/A Change	<u>N/A</u>	<u>N/A</u>	N/A
N/A Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add	·	· · · · · · · · · · · · · · · · · · ·	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng additional Art ets. if necessary).	cicles, enter change(s) here: (Be specific)	
N/A			
			
			

N/A		
<u> </u>		
		
······································		
		
		
		<u> </u>
The date of each amendment(s) ad date this document was signed.	option: 24 September 2022	, if other than t
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloddocument's effective date on the Dep	ck does not meet the applicable statutory filing requirem partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adwas/were sufficient for approva	opted by the members and the number of votes cast for the l.	the amendment(s)

(Title of person signing)

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

President

ALL COLORS FEORE