N15000011479

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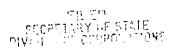
COVER LETTER

TO: Amendment Section **Division of Corporations** QUEEN OF THE KEYS AWARD INC. NAME OF CORPORATION: N15000011479 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Adrienne L. Harris (Name of Contact Person) QUEEN OF THE KEYS AWARD INC. (Firm/ Company) P.O. Box 770774 (Address) Winter Garden, Floida 34777 (City/ State and Zip Code) queenofthekeysinc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 340-1300 Adrienne L. Harris 813 (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



QUEEN OF THE KEYS AWARD INC.		16 MAY 18
(Name of Corporation as c	currently filed with the Flor	ida Dept. of State)
115000011479		
(Document	Number of Corporation (if ki	nown)
ursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
. If amending name, enter the new name of the cor	poration:	
		The new
ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDI	DECC)	
Tincipal office unuress most be A STREET ADDI	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
	-	
		
 If amending the registered agent and/or registered new registered agent and/or the new registered o 		enter the name of the
	THEE address.	
Name of New Registered Agent:	<u> </u>	
_	(E)	orida street address)
New Registered Office Address:	ļ f .	oriuu sireei uuuressy
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		the obligations of the position.
	Signature of New Regist	tered 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: X Change X Remove X Add	PT John I V Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Treasure	Catherine A. Richard	15310 Amberly Dr.
Add			Tampa Fl. 33647
X Remove			
2) Change	VP	Clifford Jenkins	15310 Amberly Dr.
Add			Tampa Fl. 33647
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti	icles, enter change(s) here:
L. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
•	
	
 	

		5/12/2016		
	date of each amendment(s) adop	tion:	, if c	ther than the
date	this document was signed.			
TO SE	native data if applicables		nivi (PE) HY	1077.0
EIR	ective date <u>if applicable</u> :	(no more than 90 days after amen	dwant file data	
		(no more than 90 days after amen	16 MAY LO DA	
Not	e: If the date inserted in this block	does not meet the applicable statutory	filing requirements, this date will not be list	ed as the
	ument's effective date on the Depar		3 - 1	
Ado	option of Amendment(s)	(CHECK ONE)		
	The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number o	f votes cast for the amendment(s)	
	There are no members or member adopted by the board of directors	s entitled to vote on the amendment(s)	. The amendment(s) was/were	
	Dated 5/12/2016 Signature	venie Harn	~(
		n or vice chairman of the board, presi	dent or other officer-if directors	
	have not been	selected, by an incorporator - if in the	hands of a receiver, trustee, or	
		ointed fiduciary by that fiduciary)		
	Abi	LIENNE L. HA	trris	
	,	(Typed or printed name of	f person signing)	
	CEO / PRE	SIDENT		

(Title of person signing)