

N16DDDDDD1619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

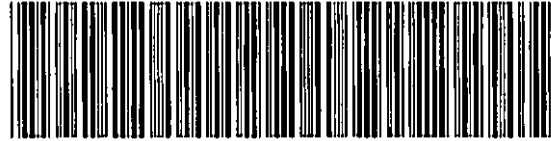
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TALLAHASSEE, FLORIDA

Amend

JAN 07 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Seabreeze High School Alumni Association, Inc.

DOCUMENT NUMBER: N16000001619

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

Please return all correspondence concerning this matter to the following:

Michael Gist

(Name of Contact Person)

SHSAA

(Firm/ Company)

226 N. Nova Rd. STE 349

(Address)

Ormond Bch., FL 32174

(City/ State and Zip Code)

contact@seabreezealumni.org

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

For further information concerning this matter, please call:

Michael Gist

(Name of Contact Person)

at 386-868-6855

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

Seabreeze High School Alumni Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N 1600000 1619

(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)

181 S. Washington St.
Ormond Bch., FL 32174

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: _____

_____, Florida
(City) (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

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JACKSONVILLE, FLORIDA

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.

<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>

Type of Action
(Check One)

Title

Name

Address

1) Change

D

Douglas French

226 N. Nova Road

STE 340

Ormond Bch., FL 32174

 Add

226 N. Nova Rd.

STE 349

Onmond Bch., Fl 32174

2) Change

D

Barlyann Tacinelli

226 N. Nova Rd

STÉ 349

Ormond Bch., FL 32174

3) Change

D

Kelly Rouse

4) Change

[illegible]

5) ____ Change



Figure 1 is a horizontal timeline illustrating the progression of the COVID-19 pandemic from March 2020 to March 2021. The timeline is divided into four main phases, each with a corresponding color-coded background: 1. March 2020 - April 2020 (light blue): Initial outbreak and containment efforts. 2. May 2020 - June 2020 (light orange): Widespread transmission and implementation of strict lockdown measures. 3. July 2020 - August 2020 (light green): Continued transmission and implementation of targeted control measures. 4. September 2020 - March 2021 (light purple): Continued transmission and implementation of targeted control measures.

Age Group	Percentage of Respondents
18-29	85%
30-49	80%
50-69	75%
70+	70%

6) Change

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

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

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 November 15, 2018

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)

Michael Grist
(Typed or printed name of person signing)

President
(Title of person signing)