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Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer	
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## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

NAME OF CORPORATION	ON:	ogy Foundation, Ir	ıc.	
DOCUMENT NUMBER:	N16000004132			<u> </u>
The enclosed Articles of An	nendment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Janet M. Bard				
	(	Name of Contact Pe	erson)	1
Southeast Archaeology F	oundation, Inc.			
	-	(Firm/ Company	·)	·
1925 Dellwood Drive				
		(Address)		
Tallahassee, Florida 3230	03			
	(	City/ State and Zip (	Code)	
rvbard14@live.com				
Is	-mail address: (to be used	for future annual rep	ort notification	1)
For further information conc	erning this matter, please c	all:		
Janet M. Bard		at	850	766-0613
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida L	Department of S	State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is ised)
Mailing A			eet Address nendment Secti	
Amendme Division o	nt Section  f Corporations		ision of Corp.	
P.O. Box (			fton Building	manna
	e, FL 32314		1 Executive C	enter Circle

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation of

Sowheast Archae. (Name of Corporation	<u> </u>		
			un ize ze. <del>vi izinte</del> ,
N1600 (Docum		ァレーション of Corporation (if kr	own)
ursuant to the provisions of section 617,1006. Flor mendment(s) to its Articles of Incorporation:	rida Statutes.	this Florida Not Fo	
. If amending name, enter the new name of the	<u>corporatio</u>	<u>n:</u>	
			The ne
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name		m" or "incorporated	" or the abbreviation "Corp," or "Inc.
. Enter new principal office address, if applica	ble:	1925 Dellwood Driv	e
Principal office address <u>MUST BE A STREET A</u>	DDDCCCA	Tallahassee, Florida	32303
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u> )	<u>BOX</u> )		
. If amending the registered agent and/or regis new registered agent and/or the new register.			enter the name of the
Name of New Registered Agent:	Janet M B	ard	
	1925 Dellv	vood Drive	
		(Flo	rida street address)
<u>New Registered Office Address:</u> Tallaha		ee	, Florida
		(City)	(Zip Code)
ew Registered Agent's Signature, if changing Behereby accept the appointment as registered agen			he obligations of the position.

Page 1 of 4

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:  X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	S	Janet M Bard	1925 Dellwood Drive
Add	<del></del>	•	Tallahassee, Florida 32303
Remove			
2) X Change	V	Carla S. Hadden	Center for Applied Isotope
Add			120 Riverbend Rd.
Remove			Athens, GA 30602-4702
3) Change	T	Sean Collins	
X Add			1510 Raa Avenue
Remove			Tallahassee, FL 32303
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)		
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The date of each amendment(s) adoption: Sectionalise 20, 2019	an th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> 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.	he
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the members and the number of votes east 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 September 20, 2019	
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)	
Janet M. Bard	
(Typed or printed name of person signing)	
Secretary (Title of person signing)	
(Title of person signing)	