## 

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Elinis, Norther
(Document Number)
Certified Copies Certificates of Status
[
Special Instructions to Filing Officer:

Office Use Only



400434921784

08/19/24--01026--001 \*\*35.00

FILED
2024 AUG 19 AM 7: 2

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: TREASURE COAST	OFFICIALS ASSOCIATION OF FLORIDA, INC.
DOCUMENT NUMBER: N16000007507	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
JOSEPH KENNEY	
	(Name of Contact Person)
TREASURE COAST OFFICIALS ASSOCIATION (	OF FLORIDA, INC.
	(Firm/ Company)
4125 FENROSE CIR, STE 1B	
	(Address)
MELBOURNE, FL 32940	
	(City/ State and Zip Code)
president.tcoa@gmail.com  E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
JOSEPH KENNEY	at 321 506 - 0720
(Name of Contact Person	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee  Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee  Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

TREASURE COAST OFFICIALS ASSOCIATION OF FLORIDA, INC.

(Name of Corporation as currently filed with the Florid	da Dept. of State)	
N16000007507		1
(Document Nu	umber of Corporation (if known) 2024 A	lin i.
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following $\mathcal{F}_{\mathcal{A},\mathcal{C}_{\mathcal{A}}}$	owing
A. If amending name, enter the new name of the corpo	oration:	THA,
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	The poration" or "incorporated" or the abbreviation "Corp." or "i	e new Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	4125 FENROSE CIR, STE 1B	
	MELBOURNE, FL 32940	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4125 FENROSE CIR. STE 1B	
	MELBOURNE, FL 32940	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office  Name of New Registered Agent:  JOSE		
<del></del>	FENROSE CIR, STE 1B	
New Registered Office Address:	(Florida street address)	
MELI	BOURNE Florida 32940	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	(City) (Lip Code)  ered Agent: m familiar with and accept the obligations of the position.  Signature of New Registered Agent, if changing	
	Signature of the winesen rigeri, 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 Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change  X Add	<u>P</u>	JOSEPH KENNEY	4125 FENROSE CIRCLE MELBOURNE, FL 32940
X Remove			STEPHEN SALIS
2) Change Add	VP	REY SANTIAGO	257 SW Inwood Ave Port St. Lucic, FL 34986
X Remove 3) Change Add Remove			DANNY NINESTINE
4) Change Add	<u>T</u>	KEVIN BARTLEY	Ft Perice, FL 34949
× Remove			GLENN MAGRANE
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
ELECTION OF CORPO	RATE OFFICER	S held on 15 May 2024 at 6:32 pm at St. Luci	e West Centennial High School.
Two year Term of service	ce begins: July 1, 2	2024 to June 30, 2026.	
Election results: PRESID	DENT: Joseph Ke	nney VICE-PRESIDENT: Rev Santiago	TREASURER: Kevin Bartley

Julius	<u></u>		
- 1144			
	·		
		- <u> </u>	
			<del></del>
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
			·
The date of each amendment(s) adoption:			, if other than the
date this document was signed.			
Effective date if applicable: 1 JULY 2024			
	re than 90 days after ame	ndment file date)	
Note: If the date inserted in this block does not n			te will not be listed as the

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.

Dated	5 August 2024
Signatu	re /hr////
	(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)
	JOSEPH KENNEY
	(Typed or printed name of person signing)