N17000000344

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



600297550426

04/20/17--01021--022 **35.00

S. TALLENT

APR 2 1 2017

LLAHASSED, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Krewe of Sir Francis	Drake, Inc.			
	N17000000344				
DOCUMENT NUMBER:					
The enclosed Articles of Am	nendment and fee are subn	nitted for filing.			
Please return all corresponde	ence concerning this matte	r to the following:			
Luiza Reinhard					
		(Name of Contact I	Person)		
Krewe of Sir Francis Drake	, Inc.				
		(Firm/ Compar	ıy)		·
837-A N Keene Rd					
		(Address)			
Clearwater, FL 33755					
		(City/ State and Zip	Code)		
Luiza@KreweOfSirFrancis	Drake.com				/
E	-mail address: (to be used	for future annual re	port notification	en)	
For further information conc	erning this matter, please of	call:			
Luiza Reinhard		a	727	421-2018	
	(Name of Contact Person)		(Area Code)	(Daytime Telephon	e Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fed Certified Copy (Additional copy enclosed)	Certi is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)	
Mailing A	ddress	<u>S</u> :	treet Address		

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 Articles of Incorporation of

KREWE OF SIR FRANCIS DRAKE, INC.		
(Name of Corporation as curr	ently filed with the Florida D	Dept. of State)
N17000000344		
(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Pro</i>	fit Corporation adopts the following
A. If amending name, enter the new name of the corporate	ation:	
		The new
name must be distinguishable and contain the word "corport" or "Co." may not be used in the name.	ration" or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	6)	——————————————————————————————————————
		: <u>P</u> 7
		AR AR
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 5864	APR 20
	Clearwater, FL 33758-586	4 5 5
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:		the name of the
	(Florida s	street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am j		bligations of the position.
	Signature of New Registered A	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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	CLARK, RICHARD	2220 N DOVER RD
Add			DOVER, FL 33527
X Remove			
2) Change	D	REINHARD, TERRIL	837-A N KEENE RD
Add			CLEARWATER, FL 33755
X Remove			
3) Change	D	CLARK, ELIANA	2220 N DOVER RD
Add			DOVER, FL 33527
X Remove			
4) Change	S	KELLY JO STEWART	12205 COLONIAL MANOR PL
· X Add			RIVERVIEW FL 33579
Remove			
5) Change			
Add			
Remove			
O Christian			
6) Change			, , , , , , , , , , , , , , , , , , ,
Add			w
Remove			

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

		t other than the
late	te this document was signed.	
Eff	fective date if applicable:	<u></u>
	(no more than 90 days after amendment file date)	
	ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be licument's effective date on the Department of State's records.	sted as the
Ado	doption 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.	
Ø	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 04/12/2017 Signature MewWww	
	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)	
	LUIZA REINHARD	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	