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Special Instructions to Fi		
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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Zonta C	lup of Cape	Coral, Inc.
DOCUMENT NUMBER: NITDOOOOOGS	•	'
DOCUMENT NOMBER: NITTOODOOM	<u></u>	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Courtney toker	MOA (Name of Contact Persor	<u> </u>
Zonta Club of		
812 SW 515 Ter.	(Address)	
Cape Coval, FL 3	3914 (City/ State and Zip Code	••
COUVAYHU @ CYCSU	CCCSS COVY for future annual report i	rotification)
For further information concerning this matter, please of	call:	
Chinthan Incoman	ar (2	30-833-5114
Courtney tokerman (Name of Contact Person)	(Ar	ea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Depa	rtment of State;
☑ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□S43.75 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 P.O. Roy 6327	Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building	
1 (5 % 125 %) 3 % = 7	CHINA	

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Fonta Clup of Case	Coval Inc
(Name of Corporation as curren	Coval, Inc. (Iv filed with the Florida Dept. of State)
NI7000000985	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
	The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	clo Courney tokerman
(Principal office address MUST BE A STREET ADDRESS	900 SW Pine Island RO. Stc 10
	Cape Coval, FL 33991
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a	re address in Florida, enter the name of the ddress:
Name of New Registered Agent:	Kerman Country N
	00 SN Pine Island Ra Stc 107
New Registered Office Address:	(Florida street address)
Cap	e Coval Florida 33991 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
_ Cay	ignature of New Legistered Agent, irchanging

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	$\overline{\underline{V}}$ $\overline{\underline{Mik}}$	n Doe ce Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	T	Tunney Coutny A	1232 SE 5th Terr. Cape Coval, FL 33990
2) Change Add Remove	T	Ackerman, Courney N.	900 SW fine I stand Rd Stc 107 Cape Coval FT 33991
3 ) Change Add Remove	<u>S</u> _	Ovr-Hartman, Carol	1139 SN 3219 Ter. Cape Coval, FL 33914
4) <u>X</u> Change Add Remove	5_	Bradbury, Melissa	3936 SN 26 AM Cape Coval, Fl 33914
5) Change Add Remove			18 NG 29 N
6) Change Add Remove			FLORUA

E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)	
-		
	<del></del>	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable statutory filing requirements, this date wi epartment of State's records.	Il not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a was/were sufficient for approx	idopted by the members and the number of votes cast for the amendment(s ral.	}
☐ There are no members or men adopted by the board of direc	abers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated	is M Welsh	
Signature	is M Welsh	
have not b	irman or vice chairman of the board, president or other officer-if directors sen selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	LOIS M. WELSH	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	