N17000007612

(Red	questor's Name)	
(Add	fress)	
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(City	//State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section
Division of Corporations



2111 OCT -4 AM 11: 66

NAME OF CORPORATION: AAUW Florida	Supporting Foundation. Inc
DOCUMENT NUMBER: N17000007612	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Sue Z. Slone	
	(Name of Contact Person)
AAUW Florida Supporting Foundation,	
	(Firm/ Company)
150 Barcelona Drive	
	(Address)
Jupiter, FL 33458	
	(City/ State and Zip Code)
szslone@comcast.net	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	
Sue Z. Slone	561 379-3014
(Name of Contact Pers	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	
<u> </u>	& □\$43.75 Filing Fee & □\$52.50 Filing Fee
Mailing Address Amendment Section Division of Compositions	Street Address Amendment Section

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



AAUW Florida Supporting Foundation, Inc.

2818 OCT -4 AM 11: 56.

AAU w rionda Supporting Foundation, inc.		1419 001
(Name of Corporation as curren	tly filed with the Flo	orida Dept. of State)
N17000007621612		
(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 <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:	
NA		The new
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	tion" or "incorporate	
B. Enter new principal office address, if applicable:	1900 N. Atlantic Av	venue #602
(Principal office address MUST BE A STREET ADDRESS)	Daytona Beach, FL	32118
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		a, enter the name of the
new registered agent and/or the new registered office a		
Name of New Registered Agent: Patricia R	oss	······································
1900 N. A	tlantic Avenue, #602	
New Registered Office Address:	(1	Florida street address)
Daytona E	Beach	, Florida 32118
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accep	ot the obligations of the position.
	ricia A.	Rans

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>Mil</u>	n Doc ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	þ	L. Carol Newnam	906 Golden Beach Blvd
X Add			Venice, FL 34285
Remove			
2) X Change	<u>v</u>	Virginia K. Farace	1841 Caribbean Rd West
Add			West Palm Beach, FL 33406
Remove 3) X Change	D	Patricia Ross	1900 N. Atlantic Ave. # 602
Add			Daytona Beach, FL 32118
Remove			
4) X Change	<u>T</u>	Sara G. Bailey	1900 Windsor Run Lanc, #415
Add			Matthews, NC 28105
Remove		•	
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

		NA	
	e date of each amen e this document was	dment(s) adoption:siened.	_, if other than the
	, min diversity was	NA	
Effe	ective date <u>if applic</u>		
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not bute on the Department of State's records.	e listed as the
Adoption of Amendment(s)		ent(s) (CHECK ONE)	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes east for the amendment(s) t for approval.	
	There are no memi	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
	Dated	9/20/2018	
	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)	
		Sara G. Bailey	
		(Typed or printed name of person signing)	
		Treasurer	
		(Title of person signing)	