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SEVENTIANS OF STATE
TALLAMASSEE, FILOGODA

COVER LETTER

TO: Amendment Section Division of Corporations

Ococe High A	Alumni, Inc.			
N17000010178			-	
The enclosed Articles of Amendment and fee				
Please return all correspondence concerning th	is matter to the follow	ving:		
John R. Finger				
	(Name of Co	ntact Person)		
	(Firm/ Co	ompany)		
1513 Acropolis Circle				
	(Add	ress)		
Ococe, FL. 34761				
	(City/ State ar	nd Zip Code)		
jtinger4@cfl.rr.com				
E-mail address: (to	be used for future and	ual report notification	on)	
For further information concerning this matter,	please call:			
John R. Finger		407 at		
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Nu	mber)
Enclosed is a check for the following amount r	nade payable to the F	lorida Department of	State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Certificate of	Fee & \$\Bigsquare\$ \$\\$43.75 \text{ Fili} \$\text{Certified Co} (\text{Additional enclosed})\$	opy Certi copy is Certi	50 Filing Fee ficate of Status fied Copy litional Copy is	

Mailing Address

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

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

Enclosed)

(20)

FILED

Articles of Amendment to Articles of Incorporation of

Ococe High Alumni, Inc					
(Name of Corporation as curren	tly filed with the Florida Dept. of State)				
N 17000010178					
(Document Numb	er of Corporation (if known)				
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following				
A. If amending name, enter the new name of the corporati	ion:				
Ococe High FFA Alumni Association Inc	The new				
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."				
B. Enter new principal office address; if applicable:	10078 Lake Meadow Road				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Apopka, FL 32703				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1513 Acropolis Circle Ococc, FL. 34761				
D. If amending the registered agent and/or registered office					
new registered agent and/or the new registered office a	ddress:				
Name of New Registered Agent: N/A					
New Registered Office Address:	(Florida street address)				
N/A	Photo.				
	, Florida (City) (Zip Code)				
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am far					
, , , , , , , , , , , , , , , , , , , ,	The state of the property of t				
Si	ignature 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 A/Add	PT John De V Mike Je SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change	 -		
Add			
Remove			
3) Change			
Add			
Remove			
			
4) Change			
Add			
Remove			
5) Change			
Add			
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6) Change			
Add			
Remove			

If amending or addir (attach additional shee	ıs, if necessary).	(Be specific)				
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		N/Λ	
	date of each amend this document was si		_, if other than the
	ective date if applical	N/A	
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	oe listed as the
Add	option of Amendmen	t(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient f	ras/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
	There are no membe adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	Dated _	October 12, 2017	
	Signature	Hold Finger	
		the chairman or (ice chairman of the board, president or other officer-if directors use not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)	
		John R. Finger	
		(Typed or printed name of person signing)	
		VP and Registered Agent	
		(Title of person signing)	