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TO: Amendment Section Division of Corporations

SOUTH H NAME OF CORPORATION:	ISTORICAL NEIGHBORHO	OD ASSO	OCIATION, INC.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fe	ee are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Richard Kevin Sharbaugh			
	(Name of Contact I	erson)	
Keyser & Sharbaugh, P.A.			
	(Firm/ Compar	ıy)	- Add 17
Post Office Box 92			
	(Address)		
Interlachen, Florida 32148		ļ	
	(City/ State and Zip	Code)	
sharbaugh@ks.legal			
E-mail address: ()	to be used for future annual re	port notifi	cation)
For further information concerning this matte	er, please call;		
Richard Kevin Sharbaugh	а	386 t	684-4673
(Name of Conta		(Area C	ode) (Daytime Telephone Number)
Enclosed is a check for the following amoun	it made payable to the Florida	Departme	nt of State:
■ \$35 Filing Fee ■\$43.75 Filing Certificate €	ng Fee & \$43.75 Filing Fe of Status Certified Copy (Additional copy enclosed)	is (552.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)
Mailing Address		treet Add	
Amendment Section Division of Corporations		mendment	Section Corporations
P.O. Box 6327		iivision or lifton Buil	
			tive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

SOUTH HISTORICAL NEIGHBORHOOD ASSOCIATION, INC. 2010 JAN 26 A 11: 52 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE N18000000669 TALLAHASSEE, FLORIBA (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: SOUTHSIDE HISTORICAL NEIGHBORHOOD ASSOCIATION, INC. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co," may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent: (Horida street address) New Registered Office Address: N/A , Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Page 1 of 4

address of each Office Attach additional shee Please note the officer/o = President; V= Vice	r and/or I ts, if neces director tit President) = Chief F	Director being added: sary) le by the first letter of the office title: : T= Treasurer; S= Secretary; D= Direc inancial Officer. If an officer/director ha	each officer/director being removed and title, name, and tor: TR = Trustee: C = Chairman or Clerk; CEO = Chief olds more than one title, list the first letter of each office
i change, Mike Jones le	caves the c		isted as the PST and Mike Jones is listed as the V. There is ad S. These should be noted as John Doe, PT as a Change,
ixample: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add Remove			
2) Change			
Remove Change Add			•
Remove	_		
Add			
Change Add Remove			
(i) Change			

Remove

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

The date of each amendment(s) adoption:late this document was signed.	, if other than the
N/A Effective date if applicable:	
(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number was/were sufficient for approval.	of votes cast for the amendment(s)
There are no members or members entitled to vote on the amendment(adopted by the board of directors.	s). The amendment(s) was/were
Dated 1/23/18	
Signature VI V VI Signature	
(By the chairman or vice chairman of the board, pre have not ficen selected, by an incorporator – if in the other court appointed fiduciary by that fiduciary)	
Vito Russo	
(Typed or printed name	of person signing)
President	
(Title of per	son signing)