

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| [                                       |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



100313357881

05/17/18--01003--019 \*\*52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cicilaus Nanuchs

MAY 18 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION:  Sunrise Rotary Club of Titusville Foundation, Inc.  |         |
|---|---------|
| N18000004444<br>DOCUMENT NUMBER:  |         |
| DOCUMENT NUMBER:  |         |
| The enclosed Articles of Amendment and fee are submitted for filing,  |         |
| Please return all correspondence concerning this matter to the following:   |         |
| Albert M. Koller, Jr  |         |
| (Name of Contact Person)  |         |
|   |         |
| (Firm/ Company)   |         |
| 2645 Royal Oak Drive  |         |
| (Address)   |         |
| Titusville, Florida 32780   |         |
| (City/ State and Zip Code)  |         |
| alkoller@gmail.com  |         |
| E-mail address: (to be used for future annual report notification)  |         |
| For further information concerning this matter, please call:  |         |
| Albert M. Koller, Jr. 321 267-4860  |         |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number  | <u></u> |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   |         |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status  Certificate of Status  (Additional copy is enclosed)  □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Enclosed) |         |

## 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

#### Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as curren  | atly filed with the Flor              | ida Dent. of State)                       |
|---|---------------------------------------|---|
| N18000004444  | My med with the Fior                  | Ru Dept. or Mate                          |
| (Document Numb  | per of Corporation (if k              | nown)                                     |
| Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation: | es, this <i>Florida Not Fo</i>        | r Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporat   | ion:                                  |   |
| Titusville Sunrise Rotary, Inc.   |                                       | The new                                   |
| name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.   | ttion" or "incorporated               |   |
| B. Enter new principal office address, if applicable:   | N/A                                   |   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>   | )                                     | 5 to 28                                   |
|   |                                       | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1     |
|   |                                       | AHAY I                                    |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                       | N/A                                   | SSE                                       |
| (Maining dadress SIAT OL A LOST OFFICE BOX)   |                                       |   |
|   |                                       |   |
|   |                                       | <u> </u>                                  |
| D. If amending the registered agent and/or registered offi  | ce address in Florida,                | enter the name of the                     |
| new registered agent and/or the new registered office a   | address:                              |   |
| Name of New Registered Agent: N/A   |                                       |   |
|   | · · · · · · · · · · · · · · · · · · · | orida street address)                     |
| New Registered Office Address:  |                                       |   |
|   |                                       | Florida                                   |
|   | (City)                                | (Zip Code)                                |
| New Registered Agent's Signature, if changing Registered  | Agent:                                |   |
| I hereby accept the appointment as registered agent. I am fa  | miliar with and accept                | the obligations of the position.          |
|   |                                       |   |
|   | Same of No. 1                         | ered Agent, if changing                   |
|   | agnature of ivew Regist               | erea Agent, U 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.

| <u>X</u>    | mple:<br>Change<br>Remove<br>Add | <u>PT</u><br><u>V</u><br><u>SV</u> | John Doe<br>Mike Jones<br>Sally Smith |                 |
|-------------|----------------------------------|------------------------------------|---------------------------------------|-----------------|
| Typ<br>(Ch  | e of Action<br>eck One)          | <u>Title</u>                       | Name                                  | <u>Addres</u> s |
| 1) _        | Change                           | <del></del>                        | N/A                                   | <br>            |
| _           | Add                              |                                    |                                       |                 |
| _           | Remove                           |                                    |                                       |                 |
| 2) _        | Change                           |                                    |                                       |                 |
|             | Add                              |                                    |                                       | <br>            |
|             | Remove                           |                                    |                                       |                 |
| 3)          | Change                           |                                    |                                       |                 |
| _           | Add                              |                                    |                                       |                 |
| _           | Remove                           |                                    |                                       |                 |
| 4)          | Change                           |                                    |                                       |                 |
|             | Add                              |                                    |                                       |                 |
|             | Remove                           |                                    |                                       |                 |
| 5) <u> </u> | Change                           |                                    |                                       | <br>            |
| _           | Add                              |                                    |                                       |                 |
| _           | Remove                           |                                    |                                       |                 |
| 6) _        | Change                           | <del></del>                        |                                       |                 |
| _           | Add                              |                                    |                                       |                 |
|             | Remove                           |                                    |                                       |                 |

| . If amending or, adding additi-<br>(attach additional sheets, if nec | essary). (Be spec | ific)                                 |                                       |                |          |
|---|-------------------|---------------------------------------|---------------------------------------|----------------|----------|
|   |                   |                                       |                                       |                |          |
|   |                   | ·=                                    | •                                     |                |          |
|   |                   |                                       |                                       |                |          |
|   |                   |                                       |                                       |                |          |
|   |                   |                                       |                                       |                |          |
|   |                   | <del></del>                           |                                       |                |          |
|   |                   |                                       |                                       |                |          |
|   |                   |                                       |                                       |                |          |
| •   |                   |                                       | -                                     |                |          |
|   |                   |                                       |                                       |                |          |
|   |                   |                                       |                                       |                | 7=       |
|   | <del>-</del>      |                                       |                                       |                |          |
|   |                   | · · · · · · · · · · · · · · · · · · · |                                       |                |          |
|   |                   |                                       |                                       |                |          |
|   | . <del></del>     |                                       | · · · · · · · · · · · · · · · · · · · |                | ·        |
|   |                   |                                       |                                       |                |          |
|   |                   |                                       |                                       |                |          |
|   |                   |                                       | -                                     |                |          |
|   |                   |                                       |                                       | <del>_</del> _ | <u> </u> |
|   | <u></u>           |                                       |                                       |                |          |
| *****   |                   |                                       |                                       |                | <u>-</u> |
|   |                   |                                       |                                       |                |          |
|   |                   |                                       |                                       |                |          |
|   |                   |                                       |                                       |                |          |
|   |                   |                                       |                                       |                |          |
| ****·   |                   | · · · · · · · · · · · · · · · · · · · |                                       |                |          |

|      | date of each amendment(s) adoption:  | , if other than the |
|------|--|---------------------|
| ше   | this document was signed.  |                     |
| ∃ffe | ective date <u>if applicable</u> :  (no more than 90 days after amendment file date)   |                     |
|      | (no more man 30 days after amenament fue date)   |                     |
|      | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records.   | ot be listed as the |
| Ada  | option 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.   |                     |
|      | 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 May 15, 2018   |                     |
|      | Signature 950  |                     |
|      | (By the chairman of 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) |                     |
|      | JEFFREY L. BELFORD   |                     |
|      | (Typed or printed name of person signing)  |                     |
|      | PRESIDENT  |                     |
|      | (Title of person signing)  |                     |