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## **COVER LETTER**

Division of Corporations + Tarde Center INC Pilgrimstar DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

**Mailing Address** 

TO: Amendment Section

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 c                                     | currently filed with the Florida Dept. of State)   |  |
|---|--|--|
| Pilgrimstant Tands (Document)                                 | eurrently filed with the Florida Dept. of State)  (N180  (PN IR INC. 490   |  |
| Document)   | Number of Corneration (if known)   |  |
| (Document)  | ramoer of Corporation (it known)   |  |
|   | Statutes, this Florida Not For Profit Corporation adopts the following   |  |
| mendment(s) to its Articles of Incorporation:                 |  |  |
| . If amending name, enter the new name of the corp            | poration:  |  |
| Pilyrinstart Trade  | rporation" or "incorporated" or the abbreviation "Corp." or "Inc."   |  |
| ame must be distinguishable and contain the word "co          | rporation" or "incorporated" or the abbreviation "Corp." or "Inc."   |  |
| Company" or "Co." may not be used in the name.                |  |  |
| B. Enter new principal office address, if applicable:         |  |  |
| Principal office address <u>MUST BE A STREET ADDR</u>         |  |  |
|   |  |  |
|   | <u> </u>   |  |
|   |  |  |
| . Enter new mailing address, if applicable:                   |  |  |
| (Mailing address MAY BE A POST OFFICE BOX                     | ) <u></u>  |  |
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|   |  |  |
|   |  |  |
| . If amending the registered agent and/or registere           | od office address in Florida, enter the name of the  |  |
| new registered agent and/or the new registered of             |  |  |
|   | <del></del>  |  |
| Name of New Registered Agent:                                 |  |  |
|   |  |  |
| None Designation of COS and Addresses                         | (Florida sireet address)   |  |
| New Registered Office Address:                                |  |  |
|   | , Florida  |  |
|   | , Florida<br>(City) (Zip Code)   |  |
| Cana Descriptional Assertic Connections of the control of the | A A A A  |  |
| New Registered Agent's Signature, if changing Regis           | stered Agent:  am familiar with and accept the obligations of the position.  |  |
| 1   | an jamma with and accept the obligations of the position.  |  |
|   |  |  |
|   | O' All District of the Control of th |  |
|   | Signature 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 X Add | <u>PT</u><br><u>V</u><br><u>SV</u> | John Doe<br>Mike Jones<br>Sally Smith |                 |
|----------------------------------|------------------------------------|---------------------------------------|-----------------|
| Type of Action<br>(Check One)    | <u>Title</u>                       | <u>Name</u>                           | <u>Addres</u> s |
| 1) Change<br>Add<br>Remove       | -                                  |                                       |                 |
| 2) Change Add                    |                                    |                                       |                 |
| Remove 3) Change Add             |                                    | <u>-</u>                              |                 |
| Remove 4) Change Add             |                                    | _                                     |                 |
| Remove  5) Change Add            |                                    |                                       |                 |
| Remove  6) Change  Add  Remove   |                                    |                                       |                 |
| Kemove                           |                                    |                                       |                 |

| . If amending or adding additional Art<br>(attach additional sheets, if necessary). | (Be specific) |                                       |             |               |
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| The date of each amendment(s) a late this document was signed.         | doption:  | , if other than the |
|--|---|---------------------|
| Effective date <u>if applicable</u> :                                  |   |                     |
|  | (no more than 90 days after amendment file date)  |                     |
| Note: If the date inserted in this blocument's effective date on the D | ock does not meet the applicable statutory filing requirements, this date will no epartment of State's records.   | t be listed as the  |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |                     |
| The amendment(s) was/were a was/were sufficient for approx             | adopted by the members and the number of votes cast for the amendment(s) val.   |                     |
| There are no members or men adopted by the board of direct             | nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.   |                     |
| Dated (0/  | 9/2,018   |                     |
| Signature  | Afor some   |                     |
| have not b   | irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) |                     |
| <del>نو</del>  | Dwe to Hunter   |                     |
|  | (Typed or printed name of person signing)   |                     |
|  | Prevident   |                     |
|  | (Title of person signing)   |                     |