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2018 JUL 10 PH 2: 10
SECRETARY OF STATE

C. GOLDEN

JUL 1 1 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	FLORIDA STAT	E BEEKEEPERS	RESEAR	CH FO	JNDATION INC.	
DOCUMENT NUMBER:	N18000005419					
DOCUMENT NUMBER:						
The enclosed Articles of Am	endment and fee are subn	nitted for filing.				
Please return all corresponde	ence concerning this matte	er to the following:	:			
George B Hogg						
		(Name of Contact	t Person)			
Florida State Beekeepers Re	search Foundation					
		(Firm/ Comp	any)			
6562 N Jefferson Hwy						
		(Address)	)			
Monticello, Fl 32344						
		(City/ State and Z	ip Code)			
capthogg@gmail.com						
E	-mail address: (to be used	for future annual	report noti	fication	)	
For further information conc	erning this matter, please	call:				
George Hogg			904 at		545-1072	
	(Name of Contact Person)	)		Code)	(Daytime Telephone Num	ber)
Enclosed is a check for the f	ollowing amount made pay	yable to the Floric	la Departл	nent of S	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional cop enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

**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

FILEL

2018 JUL 10 PM 2: 10

FLORIDA STATE BEEKEEPERS RESEARCH FOUNDATION INC.

(Name of Corporation :	as currently	y filed with the F	lorida Dept. of State TALL AHASSEE. FLO
N18000005419			
(Docume	ent Number	of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Flori mendment(s) to its Articles of Incorporation:	ida Statutes,	this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation	<u>n:</u>	
FLORIDA BEEKEEPERS RESEARCH FOUNDA	TION INC		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		n" or "incorpore	ited" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicab	ile:	N/A	
Principal office address <u>MUST BE A STREET AL</u>			
	-		
	_		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	,	N/A	
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>(OX</u> )	N/A	
	_		
	•		
<ol> <li>If amending the registered agent and/or regist new registered agent and/or the new registere</li> </ol>			da, enter the name of the
	N/A		
Name of New Registered Agent:		<u> </u>	
-			(Florida street address)
New Registered Office Address:			[1 to the siveel deavess)
			. Florida
_		(City)	, Florida (Zip Code)
iew Registered Agent's Signature, if changing Rehereby accept the appointment as registered agent.			ept the obligations of the position.
	S:	rature of Man Po	gistered 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> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change		N/A		
Add				
Remove				
2) Change	<del></del>			
Add				
Remove				
3) Change				
Add				
Remove				
<del></del>				
4) Change				
Add				
Remove				
5) Change				
			<del> </del>	
Add				
Remove				<del></del>
6) Change		_		
Add				<del></del>
Remove				

F. If amending or adding additional Articles, ento (attach additional sheets, if necessary). (Be special contents of the conte	cific)		
N/A			
	· · · · ·		
		 <u> </u>	
			·
			•

	e date of each amendment(s) ace this document was signed.	loption: N/A	, if other than the
ខា	ective date <u>if applicable</u> :	7/2/18 (no more than 90 days after amendment file d	late)
	te: If the date inserted in this blooment's effective date on the De	ock does not meet the applicable statutory filing requipartment of State's records.	rements, this date will not be listed as the
١d٠	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast al.	for the amendment(s)
	There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amenors.	dment(s) was/were
	2 July. 201 Dated	B	
	Signature	217/15	20 10 11
	have not be	man or vice chamman of the board, president or othe en selected, by an incorporator — if in the hands of a rappointed fiduciary by that fiduciary)	
	George	B Hogg III	
		(Typed or printed name of person sign	ning)
	Director		
	<del></del>	(Title of person signing)	<del></del>