N18412

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TO: Amendment Section Division of Corporations

P.O. Box 6327

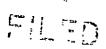
Tallahassee, FL 32314

NAME OF CORPORATIO			ER OF EAST CI	ENTRAL FLORIDA, INC.	
) 	R18412				
The enclosed Articles of Am					
Please return all corresponde		_	:		
·					
Michael S. Ayers					
		(Name of Contact	Person)		
MELBOURNE REGIONAL	CHAMBER OF EAST	CENTRAL FLOR	IDA, INC.		
		(Firm/ Compa	any)		
1005 EAST STRAWBRIDG	E AVENUE				
		(Address)	_		
MELBOURNE, FL 32901-4	782				
		(City/ State and Z	ip Code)		
michael@melbourneregional	chamber.com				
E-	mail address: (to be used	for future annual	report notification	on)	-
For further information conce	erning this matter, please	call:			
Michael S. Ayers			321 at	724-5400	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the fo	llowing amount made p	ayable to the Floric	la Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing For Certified Copy (Additional copenclosed)	Certi y is Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)	
Mailing Ac Amendmer Division of P.O. Box 6	t Section Corporations		Street Address Amendment Sec Division of Corp The Centre of	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Name of Corporation as currently filed with the	Florida De	pt. of State)	- 2024 F.S.D 2.1 T	7:5
N18412		,	•	. 0
(Docum	ient Number	of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes,	this Florida Not For Pro	ofit Corporation adopts the fol	lowing
A. If amending name, enter the new name of the				
MELBOURNE REGIONAL CHAMBER OF FLOI				ie new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		n" or "incorporated" or	the abbreviation "Corp." or '	'Inc."
B. Enter new principal office address, if applical	·	Ñ/A		
(Principal office address MUST BE A STREET A)	nnpreen	·i/A		
	 N	:/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	- BON) 1	N/A		
		!/A		
		N/A		
D. If amending the registered agent and/or regis new registered agent and/or the new registered			r the name of the	
Name of New Registered Agent:	N/A			
	N/A			
New Registered Office Address:		(Florida :	street address)	
	N/A		Maria N/A	
		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	<mark>Registered A</mark> t. – Lam fami	gent: liar with and accept the o	bligations of the position.	
_	Sign	nature 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	PT John Do V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) N/A Change N/A Add	N/A	N/A	N/A N/A
N/A Remove 2) N/A Change	N/A	N/A	N/A N/A
N/A Add	1777		N/A
N/A Remove Change Add N/A Remove	<u>N/A</u>	N/A	N/A N/A N/A N/A
4) N/A Change Add	N/A	<u>N/A</u>	N/A N/A
N/A Remove			<u>N/A</u>
5) N/A Change Add	<u>N/A</u>	N/A	N/A N/A
N/A Remove			<u>N/A</u>
6) NIA Change	<u>N/A</u>	<u>N/A</u>	N/A N/A
N/A Remove			N/A
E. If amending or addit (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			

			
			<u></u>
			
			
· · · · · · · · · · · · · · · · · · ·			<u> </u>
			
		<u> </u>	
The date of each amendment date this document was signed	t(s) adoption:	date of signature	if other than the
Effective date <u>if applicable</u> :	date of filing		
Effective date <u>if applicable</u> :		o more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on t		not meet the applicable statutory filing requirements, this date will not be t of State's records.	listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/w was/were sufficient for ap		y the members and the number of votes east for the amendment(s)	

opted by the board of directors.
Dated February 14, 2024
Signature
have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Michael S. Ayers
(Typed or printed name of person signing)
President
(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were