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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Hobe Sound Concerned Citizens Coalition, Inc. N19000003234 DOCUMENT NUMBER: \_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Beverly Halstead
(Name of Contact Person) Concerned Citizens Coalition, 9125 S.E. Morning Street Hobe Sound, FLorida 3,3455 (City/ State and Zip Code) glan halstead @aolicom E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Beverly Hals Fear Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fcc **⊠\$43.75** Filing Fee & □\$43.75 Filing Fee & □ \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy is 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

Enclosed)

## Articles of Amendment

to

## Articles of Incorporation of

Hobe Sound Conce	erned Citizen's Coalition, -
N190000032	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	Hobe Sound Congerned Citizens C P.O. Box 1141 Hobe Sound FL 33450
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent:	_N/A
<u>New Registered Office Address</u> :	(Florida street address)
New Registered Agent's Signature, if changing Reg	(City) (Zip Code) (City) (Zip Code) (City)
	I am familiar with and accept the obligations of the position.
	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		Doc Jones Smith				
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s		
1) Change Add Remove	<u> </u>	Michael	Underwoo	d 719 Hobe Soo	1 S.E. Ard and, FL 3	biz 34
2) Change Add						
Remove 3) Change Add					SEUGE MAN	
Remove 4) Change Add				<u> </u>		
Remove 5) Change Add						<del>-</del> -
Remove  Change Add  Remove						- - -

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
N/A	
NJD	
<del> </del>	
	19 SEO ALL
	NO ARE
	2 Z Z
<u> </u>	

The date of each amendment(s) adoption: April 15, 3019 date this document was signed.	, if other than the
Effective date if applicable: Hovi 15, 3019 (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendmen was/were sufficient for approval.	nt(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.	re
Dated June 10, 2019	
Signature  (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustec, of other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	_
Secretary Treasurer (Tide of person signing)	FILED  19 JUN 12 AM II:  SECRETARY OF STALL ANASSIELFLO