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COVER LETTER

TO: Amendment Section Division of Corporations

OVER THIRTY FIVE IFC INC NAME OF CORPORATION:
N19000003502 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
David E Jimenez
(Name of Contact Person)
OVER THIRTY FIVE IFC INC
(Firm/ Company)
1225 BELMORE TERRACE
(Address)
WELLINGTON, FL 33414
(City/ State and Zip Code)
DJ81969@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David E Jimenez 561 373-2201
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \square \text{\$43.75 Filing Fee & Certificate of Status}\$ Certificate of Status (Additional copy is enclosed) \$\Bigcup \square \text{\$43.75 Filing Fee & Certificate of Status}\$ Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
Clifton Building

Articles of Amendment to Articles of Incorporation of

OVER THIRTY FIVE IFC INC

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
N19000003502	
(Document Num	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
NOT APPLICABLE	The ne
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:	NOT APPLICABLE
(Principal office address MUST BE A STREET ADDRESS	<u>S</u>)
C. Enter new mailing address, if applicable:	NOW A PRINCIPLE
(Mailing address MAY BE A POST OFFICE BOX)	NOT APPLICABLE
	H.
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	······································
NOT A	APPLICABLE
	7
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
	C:
	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>y</u> <u>Mik</u>	n <u>Doc</u> te <u>Jones</u> y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) X Change	<u>s</u>	VINCENT CRESCENZI	13261 MARSH LANDING
Add			WEST PALM BEACH, FL 33418
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art	icles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
NOT APPLICABLE	
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		er than the
date	e this document was signed.	
Effe	Sective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.	as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	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.	
	AUGUST 8, 2019 Dated	
	Signature Jane Langue	
	(By the chairman or 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)	
	DAVID E JIMENEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	