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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION:	JNTY ALUMNI A	SSOCIATION.	INC.
N19000011896 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
James Faber			
(Name of Contact P	erson)	
INDIAN RIVER COUNTY ALUMNI ASSOCIATION	s. INC.		
	(Firm/ Compan	y)	
1055 9th Square			
	(Address)		
Vero Beach, Florida 32960			
(0	City/ State and Zip	Code)	
jamesfaber@live.com			
E-mail address: (to be used T	or future annual re	port notification	
For further information concerning this matter, please ca	all:		
James Faber	at	772	
(Name of Contact Person)	at	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pays	able to the Florida	Department of :	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	l\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed)

Articles of Amendment to Articles of Incorporation of

INDIAN RIVER COUNTY ALUMNI ASSOCIATION, INC.

(Name of Corporation as currently filed with the Flo.	rida Dept. of State)	
N19000011896		
(Document ?	Number of Corporation (i	f known)
Pursuant to the provisions of section 617,1006, Florida Samendment(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 corp	poration:	
N/A		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	rporation" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
		2020 HAR
C. Enter new mailing address, if applicable:		R 12
(Mailing address MAY BE A POST OFFICE BOX)	N/A ————————————————————————————————————	
		AH 8: 18
		·
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	l office address in Florid	la, enter the name of the
N:/A		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	1	(Florida street address)
N/A		N/A
<u> </u>	(City)	, Florida <u></u>
		(Zip Conc)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent:	nt the obligations of the position
Tale of accept the appointment as registered agent. Ta	т јаниш мин ана ассеј	pi me obugations of me position.
	Signature of New Regi	stered 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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Corv High	2125 Wallace Street Columbia, South Carolina 29201
X_ Remove 2) Change Add	D	Andrew Gawler	1480 Smugglers Cove Vero Beach, Florida 32963
X Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
F. If amending or addin (attach additional sheet	g additio ts, if nece.	nal Articles, enter change(s) here: ssary). (Be specific)	
N/A			
			

		
		
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The date of each amendment(s) a date this document was signed.	doption: 3/9/2020	, if other than the
Effective date if applicable:		
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing require	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes east feal.	or the amendment(s)

officer-if director
eceiver, trustee, o
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