

NZO 000003120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

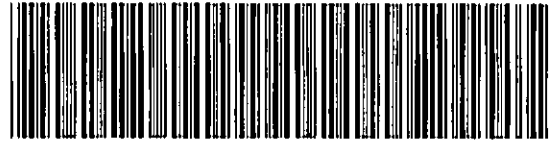
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500346816065

10/01/20

2020

Amend

DEC 07 2020
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Senior Champions Fellowship Hall, Inc

DOCUMENT NUMBER: N 200000 3120

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathie Monroe
(Name of Contact Person)

Senior Champions Fellowship Hall, Inc.
(Firm/ Company)

Po Box 2228
(Address)

Keystone Heights, FL 32656
(City/ State and Zip Code)

monckn7604 @ outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathie Monroe at 352 473-0009
(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 ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee & Certificate of Status Certified Copy (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2020

KATHIE MONROE
P.O. BOX 2228
KEYSTONE HEIGHTS, FL 32656

SUBJECT: SENIOR CHAMPIONS FELLOWSHIP HALL, INC.
Ref. Number: N20000003120

We have received your document for SENIOR CHAMPIONS FELLOWSHIP HALL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please verify the address for KATHIE MONROE, TREASURER.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 920A00022423

Articles of Amendment
to
Articles of Incorporation
of

Senior Champions Fellowship Hall, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N2 000003120
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A
205 SW Magnolia Ave
Keystone Heights, FL 32656

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A
Po Box 2228
Keystone Heights, FL 32656

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

New Registered Office Address: _____
(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A
Signature of New Registered Agent, if changing

2022

9:00

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change <input type="checkbox"/> Add	}	<u>VP</u>	<u>Jim Perry</u>	<u>205 SW Magnolia Ave</u>
<input checked="" type="checkbox"/> Remove				<u>Keystone Heights Fl 32656</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	}	<u>VP</u>	<u>LaVerne Lanier</u>	<u>7740 Lilly Pad Lane</u>
<input checked="" type="checkbox"/> Remove		<u>SEC</u>		
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	}	<u>SEC</u>	<u>Kathie Monroe</u>	<u>Keystone Heights, Fl 32656</u>
<input checked="" type="checkbox"/> Remove				<u>7604 W Osceola Ct</u> <u>Keystone Heights Fl 32656</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	}	<u>DIR</u>	<u>Dollie Glisson</u>	<u>205 SW Magnolia</u>
<input checked="" type="checkbox"/> Remove				<u>Keystone Heights Fl 32656</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	}	<u>DIR</u>	<u>Betty Marsh</u>	<u>205 SW Magnolia</u> <u>Keystone Heights, Fl 32656</u>
<input type="checkbox"/> Remove				
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove				

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: 11-1-2020, if other than the date this document was signed.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

☒ 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.

Dated 11-1-2020

Signature Kathie Monroe, Treasurer
(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)

Kathie Monroe
(Typed or printed name of person signing)

Treasurer
(Title of person signing)