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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WEST PAI	LM BEACH POLICE CHIEF'S ADVISORY COUNCIL, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
John Harrison Hough	
	(Name of Contact Person)
Murphy Reid, LLP	
	(Firm/ Company)
11300 US Highway One, Suite 401	
	(Address)
Palm Beach Gardens, FL 33408	
	(City/ State and Zip Code)
jhoughlaw@comcast.net	
E-mail address: (to be used for future annual report notification)
For further information concerning this matt	er, please call:
John Harrison Hough	561 723-5511 at
(Name of Conta	
Enclosed is a check for the following amoun	it made payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Certificate o	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

WEST PALM BEACH POLICE CHIEF'S ADVISORY COUNCIL, INC.

(Name of Corporation as currently filed with the Flori	da Dept. of State)	
N21000010248		
(Document No	umber of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
WEST PALM BEACH POLICE FUND, INC.		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021 DEC
		enter the name of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fle	orida street address)
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	ered Agent: m familiar with and accept	the obligations of the position.
	Signature of New Registe	ered 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 D Y Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	TD	Thomas Zacharias	11(X) S. Flagler Dr. Unit 802 West Palm Beach, FL 33401
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
		.	

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				<u>—</u> .
The date of each amendment(s) adoption date this document was signed.	November 22, 2021		, if c	other than the
Effective date if applicable:				
	(no more than 90 days afte		a alain alaga swill = - 4 li - 1/-	tad as the
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable sent of State's records.	tatutory filing requirement	s, this date will not be his	ied 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 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.