N22000004167

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ALOHA HULA O	F BREVARD INC	<u>_</u> .	
DOCUMENT NUMBER	N22000004167			
The enclosed Articles of A		bmitted for filing.		
Please return all correspond	dence concerning this man	ter to the following:		
Paula DeForest				
		(Name of Contact Po	erson)	·
Aloha Hula of Brevard Inc				
	_	(Firm/ Company	·)	
2290 Rockledge Dr.				
		(Address)		
Rockledge FL 32955				
	<u> </u>	(City/ State and Zip (Code)	<u></u>
alohahulaofbrevard@gmai	l.com			
	E-mail address: (to be use	d for future annual rep	ori notification	1)
For further information con	cerning this matter, please	e call:		
Juliet Underill		at	321	537-3890
	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida I	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing /		Str	eet 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

Aloha Hula of Brevard Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N22000004167 (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: 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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: _ (Florida street address) New Registered Office Address: __, Florida ___ (Zip Code) (City) 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. 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: \underline{X} Change \underline{X} Remove \underline{X} Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>P</u>	Juliet Underill	9340 S Tropical Trail Merritt Island FL 32952
Remove 2) × Change Add	<u>S</u>	Lehua AhNec	1041 Mina Ave. Palm Bay FL 32907
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional sheet	g additional Artic is, if necessary).	cles, enter change(s) here: (Be specific)	
14			

		
		
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The data of each amondment(s) adoption:	September 9, 2022	. if other than the
date this document was signed.		
Effective date if applicable:		
(n	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not but of State's records.	oe listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

	11/17/2022
Dated	
Signatur	(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)
	Wendy Zapata-Lento
	(Typed or printed name of person signing)

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