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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	Friends of Koreshan State Park Inc
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
	Stephen Levin (Name of Contact Person)
	(Name of Contact Person)
	Friends of Koreshan State Park, Inc
	3800 Corkscrew Rd (Address)
	(Address)
	Foton E1 23978
	Estero FL 33928 (City/ State and Zip Code)
E-mail address: tto	be used for future annual report notification)
For further information concerning this matter	·
C	220 /5: 55.
Stephen Levi	t Person) at 239-671-7726 (Area Code) (Daytime Telephone Number)
(Name of Contac	(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 Certificate of	Status Certified Copy (Additional copy is enclosed) Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of

(Name of Corporation as	Soveshan State Park currently filed with the Florida De	pt. of State)/ [[]
		2 I Tourse Brown & and
(Document	Number of Corporation (if known)	2019 GCT FP 5: 2
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit	Corporation adopts the following $(x, \xi, x, \xi, x, \xi, x, \xi, x, \xi, x, x,$
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or th	
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADD.		
		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOY	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		the name of the
	THE WALLSON	
Name of New Registered Agent.		
_	194	
New Registered Office Address:	Ælorida str	cel address)
		ru 11
	(City)	, Florida
New Registered Agent's Signature, if changing Regi Uncreby accept the appointment as registered agent. If		igations of the position.
	,	•
 -	Signature of New Registered Ag	vot d'chanaina

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam 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 = C. Executive Officer; CFO = Chief Financial Officer. If an officeridirector holds more than one title, list the first letter of each officeld. President, Treasurer, Director would be <math>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. The 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 Che Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	$\overline{\underline{V}} = \overline{\underline{Mil}}$	<u>n Doe</u> se Jones l <u>y Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	_\$	Brittany Petit	3800 Corkscrew Rd Estero, FL 33928
2) Change Add	<u>S</u> _	Tamitha Chavez	3800 Corkscrew Rd Estero, FL 33928
Remove 3) Change Add Remove	<u></u>	Christopher Szeliga	3800 Corkscrew Rd Estero, FL 33928
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Re specific)
Canach Gatanoma sin Cis. 17 ACC 530-17.	(in specific)
	
-	

	or a section of the		
	date of each amendment(s) a this document was signed.	loption:	, if other th
Effe	ective date <u>if applicable</u> :	10/8/19 ino more than 90 days after amendment file date)	
		tho more than 90 days after amendment file date)	
	e: If the date inserted in this blo ument's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	adate will not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
Ø	The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amer al.	dment(s)
	There are no members or men- adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was	s/were
	Dated	/9/19	
	Signature	Stephen Levin	
	have not be	rman wice chairman of the board, president or other officer-if c en selected, by an incorporator – if in the hands of a receiver, tru- appointed fiduciary by that fiduciary)	
		Stephen Levin (Typed or printed name of person signing)	
		President (Title of person signing)	
		(Title of person signing)	
		· · · · · · · · · · · · · · · · · · ·	