## N23786

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
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| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | me)         |
| (Do                     | ocument Number)    |             |
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**C LEWIS** 

## **COVER LETTER**

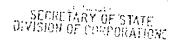
TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION                    | Atlantic-Gulf Region                             | #9, Sweet Adelines I  | nternational C     | Corp.  |
|--|--|---|--------------------|--|
| DOCUMENT NUMBER:                       | N23786   |   |                    |  |
| The enclosed Articles of Am            | endment and fee are subm                         | nitted for filing.  |                    |  |
| Please return all corresponde          | ence concerning this matter                      | r to the following:   |                    |  |
| Iris Christ                            |  |   |                    |  |
|  |  | (Name of Contact Per  | son)               | ,  |
|  |  |   |                    |  |
|  |  | (Firm/ Company)   |                    |  |
| 7 Hatteras Court                       |  |   |                    |  |
|  |  | (Address)   |                    |  |
| Hilton Head, SC 29926                  |  |   |                    |  |
| ······································ | (  | (City/ State and Zip C  | ode)               |  |
| iris_christ@yahoo.com                  |  |   |                    |  |
| E                                      | -mail address: (to be used                       | for future annual repo  | rt notification    | 1)   |
| For further information conc           | erning this matter, please o                     | call:   |                    |  |
| Iris Christ                            |  | at  | 843-342-333        | ,  |
|  | (Name of Contact Person)                         |   | (Area Code)        | (Daytime Telephone Number)                                 |
| Enclosed is a check for the f          | ollowing amount made pay                         | vable to the Florida D  | epartment of       | State:   |
| □ \$35 Filing Fee                      | □\$43.75 Filing Fee & I<br>Certificate of Status | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certifi<br>Certifi | D Filing Fee icate of Status ied Copy tional Copy is iscd) |
| \$ 5 - 112 A                           | 44   | C+  |                    |  |

Mailing Address

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## Articles of Amendment 2018 AUG 29 PM 2: 55 Articles of Incorporation

Articles of Inco of
Atlantic-Gulf Region #9, Sweet Adelines International Corp.

| (Name of Corporation as   | currently filed with the Flor          | rida Dept. of State)                       |
|---|--|--|
| N23786  |  |  |
| (Document   | t Number of Corporation (if k          | nown)                                      |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:  | a Statutes, this <i>Florida Not Fo</i> | or Profit Corporation adopts the following |
| A. If amending name, enter the new name of the co   | rporation:                             |  |
| Coastal Harmony Region 9, Sweet Adelines Internatio   | onal Corp.                             | The new                                    |
| name must he distinguishable and contain the word "c<br>"Company" or "Co." may not be used in the name. | corporation" or "incorporated          | 1" or the abbreviation "Corp." or "Inc."   |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD     |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.                  | <u>X</u> )                             |  |
| D. If amending the registered agent and/or register new registered agent and/or the new registered      |  | enter the name of the                      |
| Name of New Registered Agent:   |  |  |
| New Registered Office Address:  | (F)                                    | lorida street address)                     |
|   |  | , Florida                                  |
| _   | (City)                                 | (Zip Code)                                 |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.  |  | the obligations of the position.           |
|   | Signature of New Regis.                | tered 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 | <u>V</u> <u>M</u> | hn Doe<br>ike Jones<br>ally Smith |   |
|----------------------------------|-------------------|-----------------------------------|---|
| Type of Action<br>(Check One)    | <u>Title</u>      | <u>Name</u>                       | Address                                     |
| 1) Change                        | P/D               | Lisa DePrez                       | 533 Johns Pass Ave                          |
| Add                              |                   |                                   | Madeira Beach, FL 33708                     |
| X Remove                         |                   |                                   |   |
| 2) Change                        | P/D               | Francine Russ                     | 2 Weymouth Circle                           |
| X Add                            |                   |                                   | Bluffton, SC 29910                          |
| Remove                           |                   |                                   |   |
| 3) Change                        | S/D               | Rhonda Payton                     | 1120 Gulf Oaks Dr.                          |
| Add                              |                   |                                   | Tarpon Springs, FL 34689                    |
| x Remove                         |                   |                                   |   |
| 4) Change                        | S/D               | Anne Bell                         | 4808 ARAPAHUE AVE<br>Jacksonville, FL 32210 |
| X Add                            |                   |                                   | Jacksonville, FL 32210                      |
| Remove                           |                   |                                   |   |
| 5) Change                        | DIR               | Susan Giesler                     | 5231 SW 101 Avenue                          |
| Add                              |                   |                                   | Cooper City, FL 33328                       |
| X Remove                         |                   |                                   |   |
| 6) Change                        | DIR               | Debbie Dennis                     | 227 Broadmoor Avenue                        |
| X Add                            |                   |                                   | Lake Mary, FL 32746                         |
| Remove                           |                   |                                   |   |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |   |     |     |  |
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SECRETARY OF STATE SIVISION OF CORPORATION:

August 24, 2016

|     | e date of each amendment(<br>this document was signed. | s) adoption: 2016 AUG 29 PM 2: 5gf other than the   |
|-----|--|---|
| Eff | ective date <u>if applicable</u> :                     | September 1, 2016   |
|     |  | (no more than 90 days after amendment file date)  |
|     |  | is block does not meet the applicable statutory filing requirements, this date will not be listed as the e Department of State's records.   |
| Ado | option of Amendment(s)                                 | (CHECK ONE)   |
|     | The amendment(s) was/wes was/were sufficient for app   | ere adopted by the members and the number of votes cast for the amendment(s) proval.  |
|     | There are no members or adopted by the board of d      | members entitled to vote on the amendment(s). The amendment(s) was/were irectors.   |
|     | Dated  | st 26, 2016   |
|     | have ny  | chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary) |
|     | Iris   | Christ  |
|     |  | (Typed or printed name of person signing)   |
|     | Fina   | ance Coordinator (Treasurer & Director)   |

(Title of person signing)