N23786

(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

100318848681

10/01/18--01021--013 **35.00

FILED
18 NOV 30 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 30 2018
S. YOUNG

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2018

MARJORIE VANDYKE
4119 LONG LAKE DRIVE S
ELLENTON, FL 34222

SUBJECT: COASTAL HARMONY REGION 9, SWEET ADELINES INTERNATIONAL CORP.
Ref. Number: N23786

We have received your document for COASTAL HARMONY REGION 9, SWEET ADELINES INTERNATIONAL CORP. 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 registered agent must sign accepting the designation.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 518A00020381

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COASTAL HARMONY REGION 9 SWEET ADELINES INTERNATIONAL CORP

DOCUMENT NUMBER: N23786

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

Please return all correspondence concerning this matter to the following:

MARJORIE VANDYKE
(Name of Contact Person)

COASTAL HARMONY REGION 9
(Firm, Company)

4119 LONG LAKE DRIVE S
(Address)

ELLENTON, FLORIDA 34222
(City, State and Zip Code)

finance@teamcoastalharmony.org
(E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marge VanDyke at (941) 479-4585
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

COASTAL HARMONY REGION 9 SWEET ADELINES INTERNATIONAL CROP

(Name of Corporation as currently filed with the Florida Dept. of State)

N23786

(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:**

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**)*

MARJORIE VANDYKE
4119 LONG LAKE DRIVE S
ELLENTON, FLORIDA 34222

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

MARJORIE VANDYKE
4119 LONG LAKE DRIVE S
ELLENTON, FLORIDA 34222

FILED
18 NOV 30 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MARJORIE VANDYKE

New Registered Office Address:

4119 LONG LAKE DRIVE S.
(Florida street address)

ELLENTON, Florida 3222
(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

Marjorie VanDyke
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.

X Change	PT	John Doe	
X Remove	V	Mike Jones	
X Add	SV	Sally Smith	

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add X ___ Remove	EC	IRIS CHRIST	7 HATTERAS COURT HILTON HEAD, SC 29926
2) ___ Change X ___ Add ___ Remove	VC	MARJORIE VANDYKE	4119 LONG LAKE DR S ELLENTON, FL 34222
3) ___ Change ___ Add ___ Remove			
4) ___ Change ___ Add ___ Remove			
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

E. **If amending or adding additional Articles, enter change(s) here:**
(Attach additional sheets, if necessary) (Be specific)

The date of each amendment(s) adoption: _____ if other than the date this document was signed.

Effective date if applicable: 10/1/2018
(no more than 90 days after amendment file date)

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.

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.

Dated 11/30/18

Signature _____
(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)

MARJORIE VANDYKE
(Typed or printed name of person signing)

FINANCE MANAGER/COORDINATOR
(Title of person signing)