N23786

(Re	questor's Name)	
(Ad	dress)	-
	dress)	
(,	u.000,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(22		,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiting Officer	1
Special instructions to	raing Officer.	





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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

COASTAL HARMONAME OF CORPORATION:	ONY REGION 9, SW	EET ADELIN	IES INTERNATIONAL CORP.
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
AMY S DONNELLY			
	(Name of Contact Po	rson)	···
COASTAL HARMONY REGION 9, SWEET ADEL	INES INTERNATIO	NAL CORP.	
	(Firm/ Company	;)	
149 BALTIC AVENUE			
	(Address)	. —	_
SAINT AUGUSTINE. FL 32092-1876			
	(City/ State and Zip	Code)	
FINANCE@TEAMCOASTALHARMONY.ORG			
E-mail address: (to be used	I for future annual rep	ort notificatio	n)
For further information concerning this matter, please	call:		
AMY S. DONNELLY	al	954	854-0302
(Name of Contact Person	1)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida	Department of	State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certi! s Certi! (Addi	0 Filing Fee Teate of Status Ted Copy Itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Di	reet Address nendment Sect vision of Corp to Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flo	orida Dept. of State)		
N23786			
(Document	Number of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not I	For Profit Corporation adopts th	ie following
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 "incorporat	ed" or the abbreviation "Corp."	or "Inc."
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 BO)	Y 'i		
(muning universe in AT BE ATOST OF CICE BO.	<u> </u>		
			_
		<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered of		a, enter the name of the	
	omce address;		
Name of New Registered Agent:			
		Florida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regi		and the disease the second	
I hereby accept the appointment as registered agent.	am jamutar wun ana acce _l	n me obugations of the position	•
			29
	Signature of New Regi	stered Agent, if changing	2921 . 1 . 0
)
			=

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 V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change	COMMI	ELIZABETH GREEN	150 FLORES ST MELBOURNE BCH, FL 32951
Remove			
2) Change Add	SEC	KAREN WICKER	2149 BRIGHTON BAY CIR JACKSONVILLE FL 32246
X Remove 3) Change Add X Remove	MKTG	TRICIA ZICHELLO	109 COUNTRYSIDE DR LONGWOOD FL 32779-3523
4) Change Add	<u>MKTG</u>	CATHERINE TOMLINSON	1000 ISLAND POINT #1907 JACKSONVILLE, FL 32218
Remove			
5) Change Add	EDUC	GAYLE BURTON	9553 SOUTHERN GARDEN CIR ALTAMONTE SPRINGS FL 3271
Remove			
6) Change _ <u>×</u> Add	<u>MEMB</u>	MELODY TEMPLETON	700 PRESERVATION PLACE MT PLEASANT SC 29464
Remove			
E. If amending or addi (attach additional she		icles, enter change(s) here: (Be specific)	
COMMUNICATIONS (COORDINATOR	IS NOW ELIZABETH GREEN	
MARKETING COORD	INATOR IS NOW	CATHERINE TOMLINSON	
EDUCATION COORD	NATOR IS GAY	LE BURTON	
MEMBERSHIP COOR	DINATOR IS ME	LODY TEMPLETON	
FINANCE COORDINA	TOR (AMY DON	NELLY) AND TEAM COORDINATOR (F	TRANCINE RUSS) REMAIN

				
				
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-				<u> </u>
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			<u> </u>	
		 -		
The date of each amendment(s) adop date this document was signed.	tion: MAY 1, 2021			, if other than the
Effective date <u>if applicable</u> : MAY I				
	(no more than 90 days			
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applica tment of State's records.	ble statutory filing r	equirements, this date will	not be listed 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.

	7/2/2021
Dated	
Signatur	
J	(By the chairman/yr vice chairman of the board, president or other officer-if directors
	have not been selected, by an incorporator – if in the bands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary)
	AMY S. DONNELLY
	(Typed or printed name of person signing)

(Title of person signing)