N73786

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COVER LETTER

TÖ: Amendment Section Division of Corporations

Coastal Harmony Region 9, Sweet Adelines International Corp. NAME OF CORPORATION: N23786 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Deborah Thornton (Name of Contact Person) Coastal Harmony Region 9, Sweet Adelines International Corp. (Firm/ Company) 200 Compton Street (Address) Port Charlotte, Florida, 33954 (City/ State and Zip Code) finance@coastalharmony.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (941)Deborah Thornton 276-3325 (Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

Mailing Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed)

Articles of Amendment to Articles of Incorporation of

Coastal Harmony Region 9, Sweet Adelines International Corp.

(Name of Corporation as currently filed with th N23786	<u>C i ioriua</u>	Dept. or State			
(Docur	nent Num	ber of Corporati	on (if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statu	ites, this <i>Florida</i>	Not For Profit Corpo	ration adopts the	following
A. If amending name, enter the new name of th	e corpor:	ation:			
N/A					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ation" or "incor	porated" or the abbre	viation "Corp."	
P. Futan nameninal affice address if analisa	.bla.	N/A			
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		5)			
<u> </u>		<u> </u>	<u></u>		
					-
Enter new mailing address, if applicable:	BAY	N/A			~ .
(Mailing address MAY BE A POST OFFICE	BOA)	 			7022
					- A
					<u>5</u>
					ਹ
). If amending the registered agent and/or regi			lorida, enter the nam	e of the	AH
new registered agent and/or the new register	N/A	adgress:		.	<u>ö</u>
Name of New Registered Agent:		 		•	<u>5</u>
	N/A				w
			(Florida street addres	······································	
New Registered Office Address:					
	N/A			Florida	
		(City)	`	Florida(Zip Code)	
New Registered Agent's Signature, if changing hereby accept the appointment as registered agen			accept the obligations	of the position.	
-	 .	Signature of Nov	Registered Agent, if c	hanaina	

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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>oneş</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	Team Co	Kimberly Higdon	
X Remove			
2) Change Add	Commun	Catherine Porter	
X Remove 3) X Change Add Remove	Team Co	Carrie Gayle Burton	9553 Southern Garden Circle Altamonte Springs, FL 32714
4) <u>×</u> Change Add	Commun	Maria Maxwell	4580 NW 17th Way Tamarac, FL 33309
Remove 5) Change Add			2022
Remove 6) Change Add			72 106 5
Remove		The same desired beau	AH 10: 53
(attach additional shee		cles, enter change(s) here: (Be specific)	53
N/A			
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May 11, 2022
The date of each amendment(s) adoption:, if other than date this document was signed.
May 11, 2022 Effective date if applicable:
Effective date if applicable: (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.						
	August 11, 2022						
	Dated						
	Signature Alborah Moraton						
	(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)						
	Deborah Thornton						
	(Typed or printed name of person signing)						
	Finance Coordinator						
	(Title of person signing)						

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