## N2400001236

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Nassau County Seminoles Incorporate
DOCUMENT NUMBER: N24000001236
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Qntonio Pennamon (Name of Contact Person)
(Firm/ Company)
2639 Sir Galahad Dr. (Address)
Sacksonville Fl 32254 (City/ State and Zip Code)
Nassau County Seminoles 24 Q gmail. E-mail address: (to be used to future annual report notification)  Com
For further information concerning this matter, please call:
(Name of Contact Person) at (386) 222 - 9876  (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

to Articles of Incorporation

FILLO

- 1	of	24 HAR 22, PH (2)
Nassau Cour	1ty Semi	noles Incorpo
same of Corporation as currently filed with the Fl	orida Dept. of State)	ALLAHASSEE, FLOR
N3400	<u>000123(</u>	0
(Document	t Number of Corporation (if k	nown)
ursuant to the provisions of section 617,1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
. If amending name, enter the new name of the co	rporation:	
		The new
ame must be distinguishable and contain the word "c Company" or "Co." may not be used in the name.	orporation" or "incorporated	
Enter new principal office address, if applicable		
Principal office address <u>MUST BE A STREET ADD</u>	RESS )	
	<del></del>	
Enter new mailing address, if applicable:	•	
(Mailing address MAY BE A POST OFFICE BO.	<u>X</u> )	
	<del></del>	<del></del>
. If any adding the profession of a second control to		
. If amending the registered agent and/or register new registered agent and/or the new registered of		, enter the name of the
Name of New Registered Agent:		
Mante by New Register Agent.		<del></del>
		lorida street addressi
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Reg	istered Agent:	
hereby accept the appointment as registered agent.	l am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered 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: XChange X Remove X Add	PT         John D           V         Mike John S           SV         Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	VP	David M. aguilar	
Remove  2) Change Add	Trea	Evelynn M. aguila	
Remove 3) Change Add	<del></del>		Lacksonville F1 3223
Add Remove	Pres	antonio Pennanon	2639 Sir Galarad Dr. Jacksonville Fl 3225
Remove  5) Change Add			
Remove			
Add Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
	<del></del>		

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		· •
The date of each amendment(s) adoption: date this document was signed.	- <u>-</u>	_, if other than the
Effective date if applicable:		
(no	o more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will not	be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

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 3/22/34	
Signature (Putario te	
(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)	
(Typed or printed name of person signing)	
President (Title of person signing)	