# N25317

| (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



800160837458

09/21/09--01005--012 \*\*35.00

SEURETARY OF STATES

Amend C.COULLIETTE OCT 16 2009

**EXAMINER** 

### COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO          | DRATION: The Spiritual                         | Assembly of the Bahais   | of Palm Beach Count   |
|------------------------|--|--|---|
| DOCUMENT NUM           | IBER: N 25317                                  |  | 19.   |
| The enclosed Article   | s of Amendment and fee are sub                 | omitted for filing.  |   |
| Please return all corr | espondence concerning this mat                 | ter to the following:  |   |
|                        | Elizabeth Rohani<br>(Name of                   | Contact Person)  |   |
|                        | ^  | Reach County Central Company)                                      |   |
|                        | 6220 Serene 1                                  | Qun<br>Address)  |   |
|                        | Lake Worth FL<br>(City/Sta                     | 33467<br>te and Zip Code)  |   |
| <u>_</u>               | Sapoceentral @ )<br>E-mail address: (to be use | mail Com<br>d for future annual report notifica                    | ation)  |
| For further informati  | on concerning this matter, pleas               | e call:  |   |
| Elizabeth (Name        | e of Contact Person)                           | at (561 ) 357-<br>(Area Code & Daytin                              | 8082<br>me Telephone Number)  |
| Enclosed is a check    | for the following amount made p                | payable to the Florida Departmen                                   | t 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<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|                        | ling Address                                   | Street Address   |   |
|                        | endment Section                                | Amendment Section  |   |
|                        | sion of Corporations Box 6327                  | Division of Corporation Clifton Building                           | DUS   |
|                        | hassee, FL 32314                               | 2661 Executive Cente   | r Circle  |

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2009

ELIZABETH ROHANI BAHAIS OF PALM BEACH COUNTY CENTRAL 6220 SERENE RUN LAKE WORTH, FL 33467

SUBJECT: THE SPIRITUAL ASSEMBLY OF THE BAHA'IS OF PALM BEACH

COUNTY CENTRAL, INC. Ref. Number: N25317

We have received your document for THE SPIRITUAL ASSEMBLY OF THE BAHA'IS OF PALM BEACH COUNTY CENTRAL, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

You must complete the last page of the amendment form including the block to indicate the manner of adoption and the signature, title and printedname of signer.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 509A00031114

More artist consister we have preco of the temestorican for collict check the president incloural the meaning or unlaption and the oligin and the made is discussed ingress

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

2009 BCT 16 AM 8: 00

### Articles of Amendment to Articles of Incorporation of

| N 25317  |                             |                        |                         |
|--|-----------------------------|------------------------|-------------------------|
| (Document Nur  | nber of Corporation (if kno | own)                   |                         |
| rsuant to the provisions of section 617.1006, following amendment(s) to its Articles of Ir   |                             | ida Not For Profit Co  | <i>rporation</i> adopts |
| If amending name, enter the new name o   | f the corporation:          |                        |                         |
| e new name must be distinguishable and c<br>breviation "Corp." or "Inc." <u>"Company" o</u>  |                             |                        | ed" or the              |
| Enter new principal office address, if app   | llicable:                   |                        | <u> </u>                |
| incipal office address <u>MUST BE A STREE</u>  |                             |                        | 0.06                    |
|  | <del></del>                 |                        |                         |
|  |                             |                        | <u> </u>                |
| Enter new mailing address, if applicable   |                             |                        | <b>PH</b> 8890          |
| (Mailing address MAY BE A POST OFFI  | CE BOX)                     |                        | —— <b>-</b> ; <u>F</u>  |
| ,  |                             |                        | <u> </u>                |
|  |                             |                        | ·                       |
|  |                             |                        |                         |
| If amending the registered agent and/or and/or and/or the new registered agent a |                             | n Florida, enter the r | iame of the             |
|  |                             |                        |                         |
| Name of New Registered Agent:  |                             |                        |                         |
| New Registered Office Address:   | (Florida street d           | address)               |                         |
|  |                             | , Flori                | da                      |
|  | (City)                      |                        | ip Code)                |
| w Registered Agent's Signature, if changi  | na Dogistored Agont:        |                        |                         |
| ereby accept the appointment as registered   |                             | vith and accept the o  | bligations of the       |

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)

| <u>Title</u>       | Name   | Address  | Type of Action        |
|--------------------|--|--|-----------------------|
| Chairperson        | Saman Rohani   | 6220 Serene Run<br>Lake Worth FL 3346            | _ □ Add<br>7 □ Remove |
| <u>Chairperson</u> | Hamid RAFiee   | 8533 Breezy Hill<br>Boynton Black FL<br>33467    | Add Remove            |
| r <u>easur</u> er  | Susan Rafiee   | 8533 Breezy Hill DR.<br>Bynton Beach FL<br>33467 | Add Remove            |
|                    | g or adding additional Articles, enter<br>tional sheets, if necessary). (Be specif |  |                       |
|                    |  |  |                       |
|                    |  |  |                       |
|                    |  |  |                       |
|                    |  |  |                       |
|                    |  |  |                       |
|                    |  |  |                       |
|                    |  |  |                       |
|                    |  |  |                       |
|                    |  |  |                       |
|                    |  |  |                       |
|                    |  |  |                       |

# 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)

| <u>Title</u>          | <u>Name</u>  | <u>Address</u>                                    | Type of Action |
|-----------------------|--|---|----------------|
| Treas                 | Owen Gustafson   | 4054 Marigold DR.<br>Boynton Beach FL<br>33436    | ☐ Add ☐ Remove |
| <u>Secretary</u>      | Maharshah<br>Johnson   | 10140 Cobblestone ere<br>Boynton Bch 1=6<br>33472 | ☐ Add ☐ Remove |
| Secretary             | Shohreh Hanson   | 10780 Castle OAK DR<br>Boynton Boh. FL<br>33473   | Add Remove     |
|                       | g or adding additional Articles, enter c<br>tional sheets, if necessary). (Be specific |   |                |
|                       | ,  |   |                |
|                       |  |   |                |
|                       |  |   |                |
|                       |  |   |                |
| Marine and the second |  |   |                |
|                       |  |   |                |
|                       |  |   |                |
|                       |  |   |                |
|                       |  |   |                |

| The date of each amendment(s) adoption:  | (date of adoption is required)   |
|--|--|
| · · · · · · · · · · · · · · · · · · ·  | (date of adoption is required)   |
| Effective date if applicable:  | July 10. 2009  |
| (no more t   | han 90 days after amendment file date)   |
| Adoption of Amendment(s) (CHEC   | CK ONE)  |
| The amendment(s) was/were adopted by the me was/were sufficient for approval.  | embers and the number of votes cast for the amendment(s)   |
| ☐ There are no members or members entitled to adopted by the board of directors.   | vote on the amendment(s). The amendment(s) was/were  |
| have not been selected, other court appointed find the selected fi | celchairman of the board, president or other officer-if directors, by an incorporator – if in the hands of a receiver, trustee, or iduciary by that fiduciary)  ED RAFIEE  d or printed name of person signing)  (Title of person signing) |