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Office Use Only



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COVERLETTER

TO: Amendment Section --Division of Corporations

NAME OF CORPORATION:	RY CLUB OF (CRYSTAL RIVE	R-KING	S BAY,	INC		
DOCUMENT NUMBER: N28357			·				
The enclosed Articles of Amendment ar	nd fee are submi	itted for filing.					
Please return all correspondence concert	ning this matter	to the following:					
TERRI L DALLAIRE							
	(1	Name of Contact	Person)				
KINGS BAY ROTARY CLUB-CRYS	TAL RIVER, IN	VC					
		(Firm/ Compa	ny)		- · ·		
P.O. BOX 27						SECT	15 J
		(Address)				27.3	1
CRYSTAL RIVER, FL 34423						195 - 10 - 10 10 - 10	e Pr
	((City/ State and Zi	p Code)				Ę.
tdallairecpa@cohendallaire.com							<u></u>
E-mail addre	ss: (to be used f	or future annual i	eport noti	ification)		
For further information concerning this	matter, please ca	all:					
TERRI L DALLAIRE			352 at		563-1300		
(Name of C	Contact Person)		(Area	Code)	(Daytime Telep	hone Numb	er)
Enclosed is a check for the following an	nount made pay	able to the Florid	a Departn	nent of S	tate:		
	Filing Fee & C	3\$43.75 Filing For Certified Copy (Additional copenclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)		

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

ROTARY CLUB OF CRYSTAL RIVER-KINGS BAY, INC

N28357

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known)

A. If amending name, enter the new name of the corp	ooration:	
KINGS BAY ROTARY CLUB-CRYSTAL RIVER, IN	С	The new
name must be distinguishable and contain the word "con" "Company" or "Co." may not be used in the name.	rporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of the
Name of New Registered Agent:	 	
New Registered Office Address:	(1	Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered agent. I	am familiar with and accep	t the obligations of the position.
	Signature of New Regi	stered Agent, if changing

Page 1 of 4

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			•
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if ne	cessary). (Be speci	fic)			
					
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he date of each amendment	(s) adoption:	_, if other than the
ate this document was signed		
Effective date <u>if applicable</u> :	MAY 29, 2015	
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	e listed as the
adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	Didnot Crown, PRES.	
(By the	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	-
MI	CHAEL CROUCH	
_	(Typed or printed name of person signing)	्र ज
PR	ESIDENT	
_	(Title of person signing)	: co B:
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