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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: <u>REALTOR Associ</u>	ation of Franklin & Gul	If Counties		_
DOCUMENT NUMBER:		46			
The enclosed Articles of Art	nendment and fee are sub	mitted for filing. Please n	eturn all co	rrespondence concerning this	
matter to the following:					
Gloria	a Salinard				
		(Name of Contact Perso	n)		
REA	LTOR Association of Fra	unklin & Gulf Counties			
		(Firm/ Company)			
78	11th Street				
		(Address)			
Αŗ	palachicola, FL 32320				
		(City/ State and Zip Coo	le)		
	gloria@rafgc.com	d for hiture annual report	notification		
	·		nouncation	'',	
For further information con	cerning this matter, please	e caii:			
GI	oria Salinard	at	850-653-3	322	
	(Name of Contact Persor		rea Code)	(Daytime Telephone Number)	
Enclosed is a check for the	following amount made p	ayable to the Florida Dep	artment of	State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy tional Copy is sed)	
Mailing	4 dalmana	Street	Address		

Mailing Address

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

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 of

REALTOR Association of Franklin & Gulf Counties

(Name of Corporation as currently filed with the Flori	da Dept. of State)	
N42146		
(Document N	umber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
Forgotten Coast REALTOR Association 1		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida,	enter the name of the
Name of New Registered Agent:	NA	
	NA (F)	orida street address)
New Registered Office Address:		
	NA	, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	ered Agent: m familiar with and accept	the obligations of the position.
	NA	
	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: NA

(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) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add		<u> </u>	
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee	ets, if nece	onal Articles, enter change(s) here: essary). (Be specific)	
N.A	\		
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1				
			•	
The date of each amendment(s) adoption: date this document was signed.	January 16, 2024			, if other than the
Effective date if applicable: (no	7/8/2024			
Note: If the date inserted in this block does redocument's effective date on the Department	ot meet the applicable s of State's records.	statutory filing requiren	nents, this date will not be	e listed as the
Adoption of Amendment(s)	CHECK ONE)			
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the n	umber of votes cast for	the amendment(s)	

•

Dated _	7/8/2024
Signature	Mary Juneau
(B ₁	y the chairman or vice chairman of the board, president or other officer-if director
	ave not been selected, by an incorporator – if in the hands of a receiver, trustee, of ther court appointed fiduciary by that fiduciary)
	Mary Seymour
	Mary Seymour (Typed or printed name of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	N: REALTOR Associ	ation of Franklin & C	Gulf Counties	
DOCUMENT NUMBER: _	N421	46		
The enclosed Articles of Ame	endment and fee are sub	mitted for filing. Pleas	e return all co	rrespondence concerning this
matter to the following:				
Gloria :	Salinard	<u></u>		
		(Name of Contact Pe	rson)	
REAL	TOR Association of Fra	anklin & Gulf Counties	3	
		(Firm/ Company)	
78 1	1th Street			
·····		(Address)		
Apa	lachicola, FL 32320			
		(City/ State and Zip C	Code)	
	gloria@rafgc.com			
E-	mail address: (to be use	d for future annual rep	ort notification	1)
For further information conce	erning this matter, please	e call:		
Glo	ria Salinard	at	850-653-3	322
(Name of Contact Person	1)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made p	ayable to the Florida D	epartment of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy cional Copy is sed)

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 of

REALTOR Association of Franklin & Gulf Counties

(Name of Corporation as currently filed with the Flor	rida Dept. of State)
N42146	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:
Forgotten Coast REALTOR Association	The new
name must be distinguishable and contain the word "cor, "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDR	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)) <u>NA</u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	d office address in Florida, enter the name of the
new registered agent and/or the new registered on	
Name of New Registered Agent:	NA
	NA
New Registered Office Address:	(Florida street address)
New Negislereu Office /idaa ess.	NA im
	(City), Florida, Florida
	(Спу)
New Registered Agent's Signature, if changing Regist	stered Agent:
i hereby accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.
	NA
	Signature of New Registered 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: NA

(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
I) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove E. If amending or addir (attach additional shee	e additions of the second	onal Articles, enter change(s) here: ssary). (Be specific)	
NA	<u> </u>		
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	<u> </u>		
			
The date of each amendment(s) adoption: date this document was signed.	January 16, 2024		_, if other than the
Effective date if applicable: 7/	3/2024 e than 90 days after amendment		
Note: If the date inserted in this block does not m document's effective date on the Department of S	eet the applicable statutory filing tate's records.	requirements, this date will not	be listed as the
Adoption of Amendment(s) (CHE	CK ONE)		
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the number of vote	s cast for the amendment(s)	,

· ,

pted by the bo	ard of directors.
Dated	7/8/2024
Signature	Mary Syrace
·	(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)
	Mary Seymour
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were