

N93000005533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

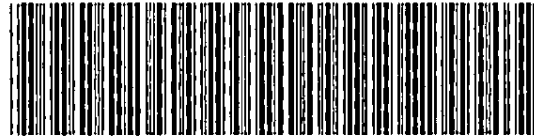
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FILED
2020 NOV 23 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FL

12/2/20

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2020

JEANNEEN COLEMAN WATSON
1108 EAST PANHELLENIC DRIVE
GAINESVILLE, FL 32601

SUBJECT: BETA TAU CHAPTER HOUSE CORPORATION OF SIGMA KAPPA
SORORITY
Ref. Number: N93000005533

We have received your document and check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

~~The document must have original signatures.~~

The registered agent must sign accepting the designation.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 720A00021110

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Beta Tau Chapter Housing Corporation of Sigma Kappa Sorority

DOCUMENT NUMBER: N93000005533

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeanneen Coleman Watson

(Name of Contact Person)

Beta Tau Chapter Housing Corporation of Sigma Kappa Sorority

(Firm/ Company)

1108 East Panhellenic Drive

(Address)

Gainesville, FL 32601

(City/ State and Zip Code)

bthousecorp-treasurer@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanneen Coleman Watson

407

484-3144

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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
of

FILED

Beta Tau Chapter Housing Corporation of Sigma Kappa Sorority

2020 NOV 23 PM 3: 15

(Name of Corporation as currently filed with the Florida Dept. of State)

N93000005533

SECRETARY OF STATE
TALLAHASSEE, FL

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Amanda Banister Rone

2507 NW 66th Terrace

(Florida street address)

New Registered Office Address:

Gainesville

(City)

Florida 32606

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

A Rone

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:

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>T</u>	<u>Janine Ball</u>	<u>1015 N Glenwood Avenue</u> <u>Orlando, FL 32803</u>
<input checked="" type="checkbox"/> Remove			<u>Janine Ball has resigned as Treasur</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>T</u>	<u>Jeanneen Coleman Watson</u>	<u>5938 Blakelord Drive</u> <u>Windermere, FL 34786</u>
<input type="checkbox"/> Remove			<u>Jeanneen added as Treasurer</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Susan Rose</u>	<u>423 Orchard Pass Avenue</u> <u>Ponte Vedra, FL 32801</u> <u>change of address for Susan Rose</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>S</u>	<u>Jennifer Taylor</u>	<u>1216 CloverLawn Avenue, Unit B</u> <u>Orlando, FL 32806</u>
<input type="checkbox"/> Remove			<u>Jennifer Taylor added as Secretary</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

NA

The date of each amendment(s) adoption: NA, if other than the date this document was signed.

Effective date if applicable: NA
(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.

Dated

11/17/2020

Signature

Jeanneen Coleman Watson

(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)

Jeanneen Coleman Watson

(Typed or printed name of person signing)

Treasurer

(Title of person signing)