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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Ft. Myers Beach	n Kiwanis Club Foundation	on
DOCUMENT NUMBER: N9400000544		
The enclosed Articles of Amendment and fee are submit	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
ROGER S. WE	ELTON, TREASURE	F.R
(Name of Co	ontact Person)	····
FT MYERS BEACH K	IWANIS CLUB FOUN	DATION
(rum C	company)	
P.O. Box 2	2507	
(Add	dress)	
P.O. BOX 2 (Add FT. MYERS BE B (City/ State a	KH, FL, 33932	
(City/ State a	and Zip Code)	
E-mail address: (to be used f	or future annual report notification	n)
For further information concerning this matter, please co	all:	
ROGER S WELTON (Name of Contact Person)	at (239) 463-31	92
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount made payer	able to the Florida Department of	State:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐ \$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 Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcie

Articles of Amendment

Articles of Incorporation

6 Foundation, INC. (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adoption 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: New Registered Office Address: (Florida street address) Florida (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.

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)

Title	Name	Address	Type of Action	
P	FAUBLE, VERNON	71 KIOWA DY FTMYERS BEACH, FL, 3393.	☐ Add ✓ ⊠ Remove	
<u> </u>	AITCHFIELD, ADELLE	10100 Cypress COVE \$36 FT MYERS, FL, 33908	Add Remove	
<u> </u>	LUSTER, VIKI	1360/ CHIND BERRY WAY FT MYERS, FL, 33908	☐ Add ☑ Remove	
VP	SCHATZAN, WILLIAM	919 SE 23 H TERRISCE CAPE CORAL, FL, 33990	Ø Add	
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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)			
				
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The date of each amendm	ent(s) adoption: $6/1/69$
Effective date <u>if applicable</u>	, 1, 1, a
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.
There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated	6/1/09
Signature	- Tay Shelt
ì	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)
	ROGER S WELTON
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)