N96000004521

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

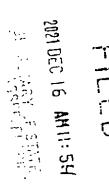
Office Use Only



800377934708

NC & Omend

12/16/21--01009--022 **35.00



A. RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Fort Mose Histori	cal Society African America	nn Community of Freedom inc.
DOCUMENT NUMBER: N96000004521		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Lawson Dukes	At a second seco	
	(Name of Contact Person	h)
Fort Mose Historical Society		
	(Firm/ Company)	
P.O.Box 4230		
***************************************	(Address)	
St. Augustine, Florida 32085-4230		
•	(City/ State and Zip Cod	е)
lawkes@yahoo.com E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, ple	ase call:	
Lawson Dukes	at _90	
(Name of Contact Pers	ion) (Ai	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu		□\$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
2021 DEC 16 AM II: 54

Fort Mose Historical Society African American Commuity of Freedom inc.

Name of Corpora	tion as currently	filed with the	Florida Dept.	of State)

N96000004521		1038CE EP
	imber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida No</i>	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
Fort Mose Historical Society inc.		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorpor	ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>:SS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
	-	
D. If amending the registered agent and/or registered		ida, enter the name of the
new registered agent and/or the new registered office	ce address:	
Name of New Registered Agent: Laws	on Dukes	
600 D	Domenico Circle #A1	
		(Florida street address)
New Registered Office Address:		
St. At	ugustine	, Florida <u>32086</u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and ac	cept the obligations of the position.
	000	duke
	Signature of New Re	egistered 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: 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)	Title	<u>Name</u>		<u>Addres</u> s
1) N/A Change Add				
Remove			-	
2) N/A Change Add				
Remove 3) N/A Change Add Remove				
4) N/A Change Add				
Remove				
5) N/A Change Add				
Remove				
6) N/A Change Add				
Remove				
E. If amending or addir (attach additional shee	ig additions, if neces	onal Articles, enter change(s) hossary). (Be specific)	<u>ere</u> :	
N/A	-			

		 -			
					
					
		_			
		·			
					
					 .
					_
		<u>-</u>		<u> </u>	· — · — · — · — · — · · — · · · · · · ·
					
					
	·				
					
	<u></u>		-		
					
The date of each amendment(s) adoption date this document was signed.	n: <u>N/A</u>			<u> </u>	, if other than the
Effective date if applicable: 12-13-21					
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the app ent of State's recor	licable statutoi ds.	ry filing require	ments, this date wil	I not be listed as the
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 12-13-21
(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)
Lawson Dukes (Typed or printed name of person signing)
Einance Officer

(Title of person signing)