## N 98 000000163

(Requestor's Name)	
,	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
, ,	
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(Document Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations Florida Reliability Coordinating Council, Inc. NAME OF CORPORATION: N98000000163 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Morvarid Jones (Name of Contact Person) FRCC (Firm/ Company) 3001 North Rocky Point Dr East, Suite 410 (Address) Tampa, FL 33607 (City/ State and Zip Code) mjones@free.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Morvarid Jones 4946955 813 (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

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

Enclosed)

## Articles of Amendment to Articles of Incorporation of

Florida Reliability Coordinating Council, Inc.				
(Name of Corporation as currently filed with th	e Florida	Dept. of State)		
N9800000163				
(Docur	nent Numi	ber of Corporation (if know	n)	
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statu	tes, this Florida Not For Pr	ofit Corporation adopts t	he following
A. If amending name, enter the new name of th	e corpora	tion:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ution" or "incorporated" or	the abbreviation "Corp.	"or "Inc."
B. Enter new principal office address, if applica	able:	3001 North Rocky Point	Drive East	
(Principal office address <u>MUST BE A STREET A</u>		Suite 410		
		Tampa, FL 33607		2026
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	3001 North Rocky Point	Drive East	กกล SEP 2
		Suite 410		_ 🖭
		Tampa, FL 33607		— Al
D. If amending the registered agent and/or reginew registered agent and/or the new register			er the name of the	
Name of New Registered Agent:	Morvario	l Jones		
	3001 No	rth Rocky Point Drive East,	Suite 410	
N. B. C. 1000 111		<i>(Florida</i>	street address)	
<u>New Registered Office Address:</u>	: Tampa		33607	1
		(City)	, Florida (Zip Code)	<del></del>
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registerec n. Lam få	1 Agent: imiliar with and accept the o	obligations of the position	1.
_	<u>/Y</u>	MQ	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	PT         John De           V         Mike Je           SV         Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>PCEO</u>	Staev Dochoda	3001 North Rocky Point Drive East Tampa, FL 33607
Remove			<del></del>
2) Change Add	Chair	Lisa Johnson	3001 North Rocky Point Drive East Tampa, FL 33607
Remove  3 ) <u>* Change</u> Add  Remove	<u>VP</u>	Morvarid Jones	3001 North Rocky Point Drive East Tampa, FL 33607
4) * Change Add	<u>VC</u>	Nelson Peeler	3001 North Rocky Point Drive East Tampa, FL 33607
Remove			
5) <u>*</u> Change Add	Secretar	Joel Ivv	3001 North Rocky Point Drive East Tampa, FL 33607
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			

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				<del></del>
,		<del>_</del>	· ·	
				<u> </u>
	<del></del>			
<u></u>				
The date of each amendment(s) adoption date this document was signed.	n: <u>9/23/2020</u>			, if other than the
Effective date if applicable:				
Sirective date it applicable.	ino more than 90 da	ivs after amendmer	nt file date)	
<u>Note:</u> If the date inserted in this block do document's effective date on the Departm	es not meet the appli ent of State's record:	cable statutory filii s.	ng requirements, this	date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	9/23/2020
Dated	
Signatur	· MM
	(By the chairman of 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)
	Morvarid Jones
	Morvarid Jones  (Typed or printed name of person signing)