# P110000 38964

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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORA	TION:AMERICAN F	FAMILY ARCHIVES & CH	IRONICLES, INC
DOCUMENT NUMBE	R:P11000038964		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
G	EORGE A. DAVID		
		Name of Contact Person	
		Firm/ Company	
13	40 River Ridge Drive		
_		Address	
V	ero Beach, FL 32963		
_		City/ State and Zip Code	
g	adavidafi@comcast.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information c	oncerning this matter, pleas	se call:	
George A. David		at (	539-9418
Name of	Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amendi Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment

#### to

#### Articles of Incorporation

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### AMERICAN FAMILY ARCHIVES & CHRONICLES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)
P11000038964
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
AF AFFILIATES, INC.  The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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  (Florida street address)
New Registered Office Address: , Florida , Florida (City) , Florida
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)

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	<u>PT</u>	John Do	<u>ve</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		···		
Add				
Remove				
4) Change				
Add	=	_		
Remove				
51 OI				
5) Change		_		
Add				
Remove				*****
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary). (Be specifi	" / "	
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f an amendment provides for an exchange, reclas	sification, or cancellation of issued shares,	
provisions for implementing the amendment if no (if not applicable, indicate N/A)	or contained in the amendment itseir:	
1//	A	
	A	

The date of each amendment(s) a date this document was signed.	loption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder
LI The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
DatedSignature	16/2019
(By a	irector, president or other officer - if afrectors or officers have not been
	d by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	GEORGE A. DAVID
	(Typed or printed name of person signing)
	CHAIRMAN & CEO
	(Title of person signing)

the