

NO2 000000 9492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

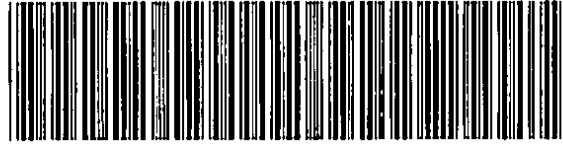
(Document Number)

Certified Copies ✓

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700348993707 ✓

03/04/20--01010--027 413.75

Q TALLENT

NOV 1 2020

2020 NOV 12 AM 8:33

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2020

A. JANE TURNER
SOUTH EAST VIPASSANA ASSOCIATION, INC.
PO BOX 351
SOCIAL CIRCLE, GA 30025-0351

SUBJECT: SOUTH EAST VIPASSANA ASSOCIATION, INC.
Ref. Number: N02000009422

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE CORRECT OFFICER/DIRECTOR INFORMATION. SEE ATTACHED PRINTOUT.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 220A00018230

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: South East Vipassana Association, Inc.

DOCUMENT NUMBER: N0200009422

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

Please return all correspondence concerning this matter to the following:

A Jane Turner
(Name of Contact Person)

South East Vipassana Association, Inc.
(Firm/ Company)

PO Box 351
(Address)

Social Circle, GA 30025-0351
(City/ State and Zip Code)

jane.turner@dhamma.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A Jane Turner at 770 464-0410
(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:

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

South East Vipassana Association, Inc.

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

N02000009422

(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:

N/A *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**)*

N/A

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

Name of New Registered Agent: N/A

_____ *(Florida street address)*

New Registered Office Address:

_____ Florida _____

_____ *(City)* _____ *(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

2020 NOV 12 AM 8:33

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

<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 <input checked="" type="checkbox"/> Remove	T	Marcia Hoofor	520 Rogers Break Road Jesup, GA 31546
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	T	Sital Savla	2101 Reagan Road Blacksburg, VA 24060
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	CFO	Marcia Hoefer	520 Rogers Break Road Jesup, GA 31546
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	CFO	Sital Savla	2101 Reagan Road Blacksburg, VA 24060
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)

N/A

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 7/31/2020

Signature A. Jane Turner

(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)

A. Jane Turner
(Typed or printed name of person signing)

Secretary
(Title of person signing)