



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2012

JOSEPH C. KEMPKE, ESQ.
JOSEPH C. KEMPKE PROFESSIONAL ASSOCIATIO
941 NORTH HWU A1A
JUPITER, FL 33477

SUBJECT: DAVY JONES EQUINE MEMORIAL FUND, INC
Ref. Number: N12000003396

We have received your document for DAVY JONES EQUINE MEMORIAL FUND, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

Tina Roberts
Regulatory Specialist II

Letter Number: 112A00029129

RECEIVED
12 DEC 27 AM 8:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

JOHN L. AVERY, JR. CHARTERED
LISE L. HUDSON, PLLC.⁶
JOSEPH C. KEMPE, Esq.^{1,2,3}
MARNIE R. PONCY, Esq.⁵
JAN RICHARDSON, Esq.
ASHLEY M. SUNDAR, P.A.
DAVID C. TASSELL, P.A.
CHARLES R. L. WHITE, CHARTERED⁴

¹LL.M. IN TAX LAW
²BOARD CERTIFIED IN TAX LAW
³BOARD CERTIFIED IN WILLS, TRUSTS AND ESTATES
⁴ALSO ADMITTED IN N.C AND N.Y.
⁵REGISTERED NURSE
⁶OF COUNSEL

TAX AND FIDUCIARY ACCOUNTANTS
DANIEL ALVARADO CPA, ROMITA ASRANI CPA,
CHRIS BOURDEAU CPA, FREEMAN DAIL, CPA,
AARON M. FLOOD, MAUREEN LLOYD,
PATRICK E. MANGAN CPA, ALICE B. SALLMAN CPA,

LEGAL ASSISTANTS
DAWN CHADWICK, LOUISE M. FISHER,
KRISTEN JANICKI, REGINA MAGLIO,
ALISON OVERTON, MELISSA PEARCE-FRANZ,
KIMBERLY V. TASSELL, CHRISTY L. WATERBURY,
JEAN M. WOODARD

JOSEPH C. KEMPE

PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW
MAIN OFFICE

941 NORTH HIGHWAY A1A
JUPITER, FLORIDA 33477

TELEPHONE (561) 747-7300
FAX (561) 747-7722

December 20, 2012

Please Respond to Jupiter Office

STUART OFFICES
1101 EAST OCEAN BOULEVARD
STUART, FLORIDA 34994
TELEPHONE (772) 223-0700
FAX (772) 223-0707

ADMINISTRATIVE BRANCH
SATURN STREET
JUPITER, FLORIDA 33477
FAX (561) 747-7722

VERO BEACH
772-562-4022

NATIONAL WATS LINE
1-800-747-3113

WEBSITE
WWW.JCKEMPE.COM

ADMINISTRATION
JANET CARR, ESTHER GARNER,
TAMI G. KEMPE, GAY LATHE

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
ATTN: Tina Roberts

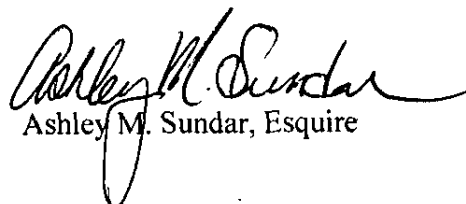
RE: Estate of David T. Jones
Your Letter Number: 112A00029129
Our File No.: 2467.600

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to Articles of Incorporation regarding amending the name of the corporation from Davy Jones Equine Memorial Fund, Inc. to Davy Jones Equine Memorial Foundation, Inc. Additionally, we have enclosed a copy of the correspondence from your office dated December 11, 2012. A check in the amount of \$43.75 was previously mailed to you for the cost of the filing fee and a Certificate of Status along with a cover letter with our telephone number, return address and certification requirements.

If you have any questions, please contact us.

Very truly yours,
Joseph C. Kempe, P.A.


Ashley M. Sundar, Esquire

AMS/jr

Enclosures

cc: Ms. Talia Jones (w/o encl.)
Ms. Roberta Ann Boyce (w/o encl.)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Davy Jones Equine Memorial Fund, Inc.
DOCUMENT NUMBER: N12000003396

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

Please return all correspondence concerning this matter to the following:

Joseph C. Kempke, Esq.
Name of Contact Person
Joseph C. Kempke Professional Association
Firm/ Company
941 North Highway A1A
Address
Jupiter, FL 33477
City/ State and Zip Code

joekempe@jckempe.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph C. Kempke at (561) 747-7300
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 checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

12 DEC 27 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Davy Jones Equine Memorial Fund, Inc.

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

N12000003396

(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:

Davy Jones Equine Memorial Foundation, Inc.

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: _____

(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

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

<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 type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
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			_____

The date of each amendment(s) adoption: 12-19-12

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 12.18.12

Signature [Handwritten Signature]

(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)

[Handwritten Signature]
(Typed or printed name of person signing)

President and Director
(Title of person signing)