

Division of Corporations

Page 1 of 1

N12000003462

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000174039 3)))



H130001740393ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
13 AUG - 6 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
 Division of Corporations
 Fax Number : (850) 617-6380

From:
 Account Name : JOHN M WICKER PA
 Account Number : I20070000104
 Phone : (239) 939-2222
 Fax Number : (239) 939-2280

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: FRANS@LAWCRW.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN THE FOSSIL CLUB OF LEE COUNTY, INC.

RECEIVED
13 AUG - 6 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

C. LEWIS
AUG - 6 2013
EXAMINER

H 13 000 174 039 3

FILED

13 AUG -6 AM 10:41

Articles of Amendment
to
Articles of Incorporation
of

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE FOSSIL CLUB OF LEE COUNTY, INC.

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

N12000003462

(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:

_____ *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

H 13 000 174 039 3

H130001740393

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 checked="" type="checkbox"/> Remove		<u>WILLIAM SHAVER</u>	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		<u>RAYMOND SEGUIN</u>	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		<u>GUNTHER LOBISH</u>	_____
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DP</u>	<u>LOUIS STIEFFEL</u>	<u>626 SW 12TH STREET</u> <u>CAPE CORAL, FL 33991</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>CHARLES O'CONNOR</u>	<u>10560 HABITAT TRAIL</u> <u>BOKEELIA, FL 33922</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		_____	_____

H130001740393

H13000174039 Z

FILED

13 AUG -6 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

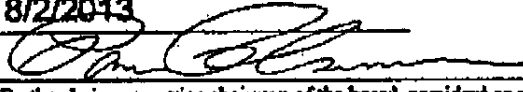
The date of each amendment(s) adoption: 8/2/2013
date this document was signed.

Effective date if applicable: 8/2/2013
(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 8/2/2013

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)

PAMELA PLUMMER

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

H13000174039 Z