

N14 00000 2653

(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



200263425172

08/20/14--01011--015 **43.75

FILED
14 AUG 20 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.M.
8/21/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Ocala Prostate Cancer Support, Inc.

DOCUMENT NUMBER: N14000002653

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 20 PM 12:02

FILED

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

Please return all correspondence concerning this matter to the following:

Steven D. Austin

(Name of Contact Person)

Ocala Prostate Cancer Support, Inc.

(Firm/ Company)

19853 SW 5th Place

(Address)

Dunnellon, FL 34431

(City/ State and Zip Code)

austin82647@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven D. Austin

(Name of Contact Person)

at (352) 812-0406

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$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

Ocala Prostate Cancer Support, Inc.

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

N14000002653

(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:

Prostate Cancer Support of Ocala, 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)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 AUG 20 PM 12:02

FILED

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:

Change PT John Doe
 Remove V Mike Jones
 Add SV Sally Smith

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 AUG 20 PM 12:02
FILED

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Steven D. Austin</u>	<u>19853 SW 5th Place</u> <u>Dunnellon, FL 34431</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VT</u>	<u>Peter Mendez</u>	<u>5526 NW 8th Rd.</u> <u>Ocala, FL 34482</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Mickey Weller</u>	<u>6417 SW 62nd Ave.</u> <u>Ocala, FL 34474</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Julie Arcaro</u>	<u>5390 NE 4th Ave.</u> <u>Ocala, FL 34479</u>
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	_____	_____	_____

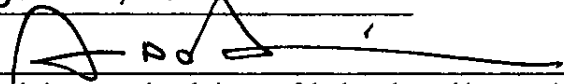
The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 August 14, 2014

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)

Steven D. Austin
(Typed or printed name of person signing)

Chairman
(Title of person signing)

14 AUG 20 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Handwritten "NA" is written across the middle of the page, crossing the horizontal lines.

14 AUG 20 PM 12: 02
REPUBLIC OF FLORIDA
TALLAHASSEE

FILED