

702236

(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



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DEPT. OF STATE
T. EXHIBIT

2024 SEP 16 PM 12: 29

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2024

AUG 26 2024

LISA SENEAL
67101 WALCRESR RD
WALCREST, FL 33856

SUBJECT: NATIONAL ASSOCIATION OF LETTER CARRIERS, RETIREMENT,
EDUCATIONAL, SECURITY, TRAINING FOUNDATION, INC.
Ref. Number: 702236

We have received your document for NATIONAL ASSOCIATION OF LETTER CARRIERS, RETIREMENT, EDUCATIONAL, SECURITY, TRAINING FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent. (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 124A00017727

2024 SEP 16 PM 12:30
STATE
FL

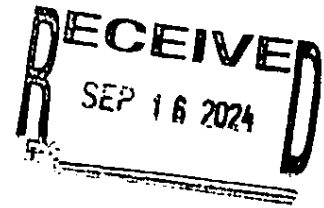
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2024

LISA SENECA
67101 NALCREST RD
NALCREST, FL 33856



SUBJECT: NATIONAL ASSOCIATION OF LETTER CARRIERS. RETIREMENT.
EDUCATIONAL, SECURITY, TRAINING FOUNDATION, INC.
Ref. Number: 702236

We have received your document for NATIONAL ASSOCIATION OF LETTER CARRIERS, RETIREMENT, EDUCATIONAL, SECURITY, TRAINING FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

One of the boxes needs to be checked for adoption of amendment. The last page needs to be dated and signed.

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 624A00019342

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Association of Letter Carriers, Retirement, Education, Security, Training Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: 702236

Please return all correspondence concerning this matter to the following:

Lisa Senecal
Name of Contact Person

National Association of Letter Carriers, Retirement, Education, Security, Training Foundation, Inc.
Firm/Company

67101 Dalcrest Rd
Address

Dalcrest, FL 33856
City/State and Zip Code

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

For further information concerning this matter, please call:

Lisa Senecal at (863) 696-1121 Option #3
Name of Contact Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy
- \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

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>PT</u>	<u>Aruber Walker</u>	<u>1701 Malcrest Rd. Malcrest, FL 33826</u>
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	_____	_____	_____

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 CLERK OF DISTRICT COURT
 PALM HAVEN, FL

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

- 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 September 9, 2024

Signature Lisa A Senecal

(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)

Lisa A Senecal

(Typed or printed name of person signing)

Property Manager

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 16 PM 12:30

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