

708495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

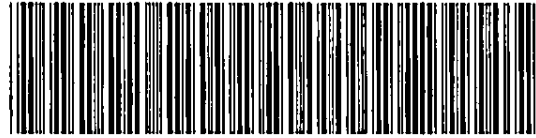
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 NOV -2 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend/cc

NOV -3 2017

I ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: TARPON SPRINGS LODGE NO 1429 LOYAL ORDER OF MOOSE INC

DOCUMENT NUMBER: 708498

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

Please return all correspondence concerning this matter to the following:

JOEL DUCKWORTH

(Name of Contact Person)

TARPON SPRINGS LODGE NO 1429 LOYAL ORDER OF MOOSE INC

(Firm/ Company)

PO BOX 3548

(Address)

HOLIDAY FL 34692

(City/ State and Zip Code)

LODGE1429@MOOSEUNITS.ORG

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

For further information concerning this matter, please call:

JOEL DUCKWORTH

727

639-0530

at

(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:

☐ \$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

RECEIVED  
17 OCT 23 PM 3:50  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2017

JOEL DUCKWORTH  
TARPON SPRINGS LODGE NO. 1429  
POST OFFICE BOX 3548  
HOLIDAY, FL 34692

SUBJECT: TARPON SPRINGS LODGE NO. 1429, LOYAL ORDER OF  
MOOSE, INC.  
Ref. Number: 708498

We have received your document for TARPON SPRINGS LODGE NO. 1429, LOYAL ORDER OF MOOSE, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 717A00021432

RECEIVED  
17 NOV -2 PM 12:29  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

TARPON SPRINGS LODGE NO 1429 LOYAL ORDER OF MOOSE INC

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

708498

(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:

JOEL DUCKWORTH

1936 Ahucis Rd.

(Florida street address)

New Registered Office Address:

HOLIDAY

(City)

, Florida

(Zip Code)

346690

**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

FILED  
2011 NOV -2 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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	<u>P</u>	<u>DENNIS SABO</u>	<u>1936 ABACUS RD</u>
<input type="checkbox"/> Add			<u>HOLIDAY FL 34690</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>P</u>	<u>JOEL DUCKWORTH</u>	<u>PO BOX 3548</u>
<input checked="" type="checkbox"/> Add			<u>HOLIDAY FL 34692</u>
<input type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>VP</u>	<u>BRIAN STANLY</u>	<u>1936 ABACUS RD</u>
<input type="checkbox"/> Add			<u>HOLIDAY FL 34690</u>
<input checked="" type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>VP</u>	<u>ROBERT AUGUST</u>	<u>PO BOX 3548</u>
<input checked="" type="checkbox"/> Add			<u>HOLIDAY FL 34692</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u>T</u>	<u>DENNIS CISKO</u>	<u>1936 ABACUS RD</u>
<input type="checkbox"/> Add			<u>HOLIDAY FL 34690</u>
<input checked="" type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u>T</u>	<u>DOUGLAS JERNIGAN</u>	<u>PO BOX 3548</u>
<input checked="" type="checkbox"/> Add			<u>HOLIDAY FL 34692</u>
<input type="checkbox"/> Remove			<u></u>

**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	<u>S</u>	<u>MARVIN BOWLING</u>	<u>1936 ABACUS RD</u>
<input type="checkbox"/> Add			<u>HOLIDAY FL 34690</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>S</u>	<u>ROBERT LYNN</u>	<u>PO BOX 3548</u>
<input checked="" type="checkbox"/> Add			<u>HOLIDAY FL 34692</u>
<input type="checkbox"/> Remove			<u></u>
3 ) <input type="checkbox"/> Change	<u>TR</u>	<u>JOHN COLLAR</u>	<u>1936 ABACUS RD</u>
<input type="checkbox"/> Add			<u>HOLIDAY FL 34690</u>
<input checked="" type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>PRELAC</u>	<u>GENE EMMIRCH</u>	<u>1936 ABACUS RD</u>
<input type="checkbox"/> Add			<u>HOLIDAY FL 34690</u>
<input checked="" type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

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

Effective date if applicable: N/A  
(no more than 90 days after amendment file date)

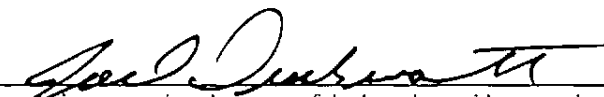
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10/18/2017

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)

JOEL DUCKWORTH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)