

745289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

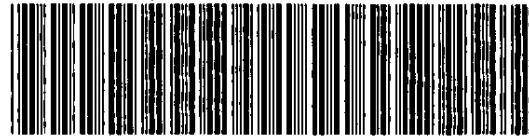
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JUN 22 AM 8:59

Amend/CC
@ 6/23/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Dove Foundation, Inc

DOCUMENT NUMBER: one

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

Please return all correspondence concerning this matter to the following:

Susan Samlaska
(Name of Contact Person)

The Dove Foundation, Inc
(Firm/ Company)

5940 Pelican Bay Plaza, # 301
(Address)

Gulfport, FL 33707
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Susan Samlaska at (727) 215-2218
(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

Articles of Amendment
to
Articles of Incorporation
of

The Dove Foundation, Inc.

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

745289

(Document Number of Corporation (if known))

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
10 JUN 22 AM 8:59

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)

5940 Pelican Bay Plaza

301

Gulfport, FL 33707

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5940 Pelican Bay Plaza

301

Gulfport, FL 33707

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:

Susan Samlaska

New Registered Office Address:

5940 Pelican Bay Plaza, # 301

(Florida street address)

Gulfport

(City)

Florida 33707

(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pres</u>	<u>Susan Samlaska</u>	<u>5940 Pelican Bay Plaza</u>	<input checked="" type="checkbox"/> Add
		<u># 301</u>	<input type="checkbox"/> Remove
		<u>Gulfport, FL 33707</u>	
<u>VP</u>	<u>Susan Samlaska</u>	<u>5940 Pelican Bay Plaza</u>	<input type="checkbox"/> Add
		<u># 301</u>	<input checked="" type="checkbox"/> Remove
		<u>Gulfport, FL 33707</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

[illegible]

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>Eileen H Kozan</u>	<u>7349 Ulmerton Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Lot 294</u>	<input type="checkbox"/> Remove
		<u>Largo, FL 33771</u>	
<u>Pres</u>	<u>Eileen H Kozan</u>	<u>7349 Ulmerton Rd</u>	<input type="checkbox"/> Add
		<u>Lot 294</u>	<input checked="" type="checkbox"/> Remove
		<u>Largo, FL 33771</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

[illegible]

The date of each amendment(s) adoption: June 16, 2010

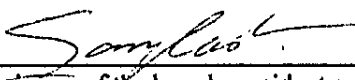
Effective date if applicable: June 16, 2010 *(date of adoption is required)*
(no more than 90 days after amendment file date)

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 June 16, 2010

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)

Susan Samlaska

(Typed or printed name of person signing)

Pres

(Title of person signing)