

753943

(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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10 DEC 13 PM 3:53

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
Name chg
12/14/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EUSTIS BUSINESS ALLIANCE, INC

DOCUMENT NUMBER: 753943

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

Please return all correspondence concerning this matter to the following:

JANICE MUNSON
(Name of Contact Person)

(Firm/ Company)

1 W. LAUREL OAK DR.
(Address)

EUSTIS, FL 32726
(City/ State and Zip Code)

JMUNSONEUSTIS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANICE MUNSON at (352) 357-9678
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2010

JANICE MUNSON
1 W. LAUREL OAK DR.
EUSTIS, FL 32726

SUBJECT: EUSTIS BUSINESS & PROFESSIONAL ASSOCIATION, INC.
Ref. Number: 753943

RECEIVED
10 DEC 13 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for EUSTIS BUSINESS & PROFESSIONAL ASSOCIATION, 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 current name of the entity is as referenced above. Please correct your document accordingly.
- ✓ The date of adoption of each amendment must be included in the document.
- ✓ Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).
- ✓ 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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 010A00027607

Articles of Amendment
to
Articles of Incorporation
of

EUSTIS BUSINESS & PROFESSIONAL ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

753943

(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:

EUSTIS BUSINESS ALLIANCE, 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)

1 W. LAUREL OAK DR.
EUSTIS, FL 32726

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

1 W. LAUREL OAK DR.
EUSTIS, FL 32726

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:

New Registered Office Address:

(Florida street 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

10 DEC 19
11 3:53
STATE OF FLORIDA
SECRETARY OF STATE
TALLAHASSEE

(Attach additional sheets, if necessary)

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: 11-18-10
(date of adoption is required)

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 11-18-10

Signature Jawile Munson
(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)

JAWILE MUNSON
(Typed or printed name of person signing)

PRES.
(Title of person signing)