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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:OKEECHOBEE COUNTY	FIRE RESCUE VOLUNTEER DIVISION, INC.
754072 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
STEVE WEEKS SR.	ļ
(Name	of Contact Person)
OKEECHOBEE COUNTY FIRE RESCUE VOLUNTEER I	DIVISION, INC.
(Fi	irm/ Company)
707 N.W. 6th STREET	
	(Address)
OKEECHOBEE, FLORIDA 34972	
(City/ S	State and Zip Code)
S.WEEKSSR@GMAIL.COM	
E-mail address: (to be used for futi	are annual report notification)
For further information concerning this matter, please call:	i
STEVE WEEKS SR.	863 634-9869
(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:
(Add	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Cititon Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

OKEECHOBEE COUNTY FIRE RESCUE VOLUNTEER DIVISION, INC.

54072		
(Docum	nent Number of Corporation (if known)	
rsuant to the provisions of section 617.1006, Flor nendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corporation adopts the f	ollowing
If amending name, enter the new name of the	corporation:	
		The new
	l "corporation" or "incorporated" or the abbreviation "Corp." of	r "Inc."
ompany" or "Co." may not be used in the name	<u>e</u> .	
Enter new principal office address, if applica	ble:	
rincipal office address <u>MUST BE A STREET A</u>		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	
	1	
	i i	
If amending the registered agent and/or regis	stered affice address in Florida, enter the name of the	
If amending the registered agent and/or registered agent and/or the new register	stered office address in Florida, enter the name of the	
new registered agent and/or the new register		
	STEVE WEEKS SR:	
new registered agent and/or the new register	ed office address:	17
new registered agent and/or the new register Name of New Registered Agent:	STEVE WEEKS SR: 1011 N.W. 7th COURT (Florida street address)	17 JU
new registered agent and/or the new register	STEVE WEEKS SR: 1011 N.W. 7th COURT (Florida street address)	17 00 2
<u>Name of New Registered Agent:</u>	STEVE WEEKS SR: 1011 N.W. 7th COURT (Florida street address) OKEECHOREE 34972	17 JUL 21
<u>Name of New Registered Agent:</u>	STEVE WEEKS SR: 1011 N.W. 7th COURT (Florida street address)	17 JUI 21 PH
Name of New Registered Agent: New Registered Office Address:	STEVE WEEKS SR: 1011 N.W. 7th COURT (Florida street address) OKEECHOBEE , Florida (City) (Zip Code)	17 JUI 21 PH 12
new registered agent and/or the new register Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if changing I	STEVE WEEKS SR: 1011 N.W. 7th COURT (Florida street address) OKEECHOBEE , Florida (City) (Zip Code) Registered Agent:	17 JUL 21 PH12: 1
new registered agent and/or the new register Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if changing I	STEVE WEEKS SR: 1011 N.W. 7th COURT (Florida street address) OKEECHOBEE , Florida (City) (Zip Code)	17 JET 21 PH 12: 10
new registered agent and/or the new register Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if changing I	STEVE WEEKS SR: 1011 N.W. 7th COURT (Florida street address) OKEECHOBEE , Florida (City) (Zip Code) Registered Agent:	17 JUL 21 PH 12: 10

Page 1 of 4

address of each Office Attach additional shee Please note the officer/	er and/or Div its, if necessar director title l	ector being added: y) by the first letter of the office title:	fficer/director being removed and title, name, and
) = Chief Find	nncial Officer. If an officer/director holds me	R= Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office
	eaves the corp	poration, Sally Smith is named the V and S. ${\it T}$	is the PST and Mike Jones is listed as the V. There is hese should be noted as John Doe, PT as a Change,
ixample: X Change X Remove X Add	<u>V</u> <u>1</u>	ohn Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change	S/T	DOVANNA STONEHAM	1758 LINDA ROAD
Add			OKEECHOBEE, FLORIDA
X Remove			34974
2) Change	S/T	ANTHONY KAYDA	1200 S.W. 85th WAY
X Add		ı	OKEECHOBEE, FLORIDA
Remove		1	34974
X Change	PRES	CHRISTOPHER WEEKS	2345 S.E. 40th AVENUE
Add			OKEECHOBEE, FLORIDA
Remove			34974
X 4) X Change	СНАР	DENNISE FERRELL	1952 S.W. 53rd STREET
Add			OKEECHOBEE, FLORIDA
Remove			34974
5) X Change	VP	STEVE WEEKS SR.	1011 N.W. 7th COURT
Add			OKEECHOBEE, FLORIDA
Remove			34972
ற் Change			<u> </u>
Add			

_ Remove

E. If amending or adding additional Articles, (attach additional sheets, if necessary). (Be	enter change(s) here:		
(anach duamonal sneets, y necessary). (De	specific)		
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7/	11/17	
he date of each amendment(s) adoption:	· · · · · · · · · · · · · · · · · · ·	, if other than the
ate this document was signed.		
7/11/17		
ffective date if applicable:	1	
(no n	nore than 90 days after amendment file date)	
lote: If the date inserted in this block does not ocument's effective date on the Department of	meet the applicable statutory filing requirements, this State's records.	date will not be listed as the
adoption of Amendment(s) (CH	HECK ONE)	
■ The amendment(s) was/were adopted by th was/were sufficient for approval.	ne members and the number of votes east for the amend	lment(s)
☐ There are no members or members entitled adopted by the board of directors.	I to vote on the amendment(s). The amendment(s) was	i/were
7/18/17 Dated		
Signature Strew M	July he	
		
	e chairman of the board, president or other officer-if di	
	by an incorporator – if in the hands of a receiver, trust	iec, or
outer court appointed it	iduciary by that fiduciary)	
STEVE WEEKS SE	₹.	
 	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	į	
MCU potentier		
VICE-PRESIDENT		
	(Title of person signing)	
	(True or person signing)	
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