

754519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

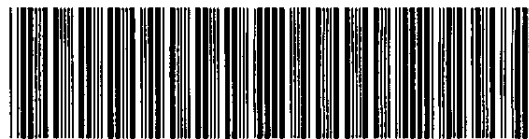
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
AUG 1 2013  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2013

SHARLENE MAZZA / THE GREATER BRANDON CHAMBER OF COMMERC  
330 PAULS DR SUITE 100  
BRANDON, FL 33511

SUBJECT: THE GREATER BRANDON CHAMBER OF COMMERCE, INC.  
Ref. Number: 754519

We have received your document for THE GREATER BRANDON CHAMBER OF COMMERCE, 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 you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 713A00018478

From:

To: 918502456013

08/01/2013 10:30

#847 P.002/006

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: The Greater Brandon Chamber of Commerce, Inc.

DOCUMENT NUMBER: 754519

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

Please return all correspondence concerning this matter to the following:

Sharlene Mazza

(Name of Contact Person)

The Greater Brandon Chamber of Commerce, Inc.

(Firm/ Company)

330 Pauls Dr., Suite 100

(Address)

Brandon, FL 33511

(City/ State and Zip Code)

smazza@brandonchamber.com

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

For further information concerning this matter, please call:

Sharlene Mazza

(Name of Contact Person)

at ( 813 ) 689-1221

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

From:

To: 918502456013

08/01/2013 10:30

#847 P.005/006

Articles of Amendment  
to  
Articles of Incorporation  
of

The Greater Brandon Chamber of Commerce, Inc.

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

754519

(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:

Laura Simpson

330 Pauls Dr., Ste. 100

(Florida street address)

New Registered Office Address:

Brandon

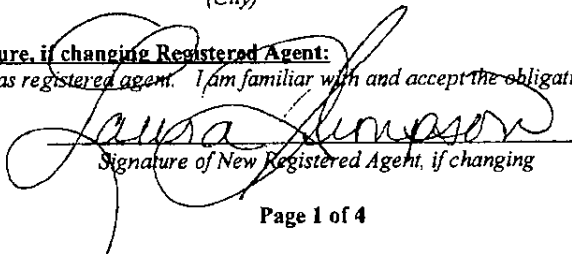
(City)

Florida 33511

(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

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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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Tammy C. Bracewell</u>	<u>330 Pauls Dr.</u> <u>Suite 100</u> <u>Brandon, FL 33511</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Laura Simpson</u>	<u>330 Pauls Dr.</u> <u>Suite 100</u> <u>Brandon, FL 33511</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	

From:

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08/01/2013 10:30

#847 P.004/006

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

N/A

From:

To: 918502456013

08/01/2013 10:31

#847 P.006/006

The date of each amendment(s) adoption: June 7, 2013  
date this document was signed.

Effective date if applicable: June 7, 2013

(no more than 90 days after amendment file date)

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TALLAHASSEE, FLORIDA

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 7/24/2013

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)

Robert W Bivins

(Typed or printed name of person signing)

CD

(Title of person signing)