

NO10000002122

(Requestor's Name)

(Address)

(Address)

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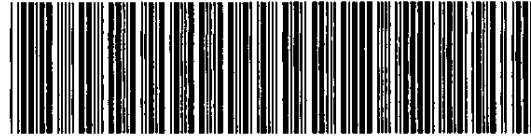
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 10 PM 4:34

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MAR 22 2017
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2017

KATHY SHEPPARD
MARINE CORPS LEAGUE MORRIS F. DIXON, JR
4552 A 107TH CIRCLE N.
CLEARWATER, FL 33762-5330

SUBJECT: MARINE CORPS LEAGUE-MORRIS F. DIXON, JR. DETACHMENT,
INC.

Ref. Number: N01000002122

We have received your document for MARINE CORPS LEAGUE-MORRIS F. DIXON, JR. DETACHMENT, 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 date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R. McNair
Regulatory Specialist II

Letter Number: 717A00005507

RECEIVED
17 APR 10 PM
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 10 PM 4:38

NAME OF CORPORATION: Marine Corps League, Morris F. Dixon Jr. Detachment

DOCUMENT NUMBER: N01000002122

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

Please return all correspondence concerning this matter to the following:

Kathy Sheppard

(Name of Contact Person)

Marine Corps League Morris F. Dixon Jr Detachment

(Firm/ Company)

4552 A 107th Circle N.

(Address)

Clearwater, Florida 33762-5330

(City/ State and Zip Code)

adjutant.detachment54@gmail.com

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

For further information concerning this matter, please call:

Kathy Sheppard

813

318-2305

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 10 PM 4:38

Marine Corps League Morris F. Dixon Jr Detachment

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

N01000002122

(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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

Dan L. Pilon

4552 A 107th Circle N.

(Florida street address)

New Registered Office Address:

Clearwater,

(City)

Florida 33762-5330

(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

(Attach additional sheets, if necessary)

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.

Example:

Type of Action
(Check One)

Name

Address

d) _____ Change _____
 _____ Add _____
 Remove _____

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

N/A

March 13, 2017

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

Effective date if applicable: _____
(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 _____

Signature Stephen C. Joppa
(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)

STEPHEN C. JOPPA
(Typed or printed name of person signing)

PAYMASTER (TREASURER)
(Title of person signing)