

NO20000000392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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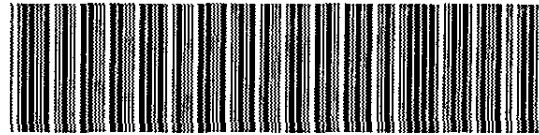
(Business Entity Name)

(Document Number)

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06 OCT 31 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOV 01 2006

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Marineland Institute, Inc.

**DOCUMENT NUMBER:** N02000000392

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

Please return all correspondence concerning this matter to the following:

Maggie Just

(Name of Contact Person)

Dolphin Conservation Center, Inc.

(Firm/ Company)

9600 Oceanshore Blvd.

(Address)

St. Augustine, FL 32080

(City/ State and Zip Code)

For further information concerning this matter, please call:

Maggie Just

(Name of Contact Person)

at ( 904 ) 471-1111 (Ext. 101)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input 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 checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

October 6, 2006

MAGGIE JUST  
9600 OCEASHORE BLVD  
ST AUGUSTINE, FL 32080

SUBJECT: MARINELAND INSTITUTE, INC.  
Ref. Number: N02000000392

We have received your document for MARINELAND INSTITUTE, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 906A00059451

*Tracy - Dissolve  
DCC Inc. + re-submit  
Articles of Amendment.*

*Dissolution form # 6071401  
sublig.org.*

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06 OCT 31 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

(Document number of corporation (if known))

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**


(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: 10/3/06

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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

William C. Hurley

(Typed or printed name of person signing)

Registered Agent

(Title of person signing)

**FILING FEE: \$35**