N04000008781

(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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JAN 20 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2020

GORDON R DUNCAN
1601 JACKSON ST #101
FT MYERS, FL 33901

SUBJECT: SHADY REST FOUNDATION, INC.
Ref. Number: N04000008781

We have received your document for SHADY REST FOUNDATION, 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):

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) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 120A00026220

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SHADY REST FOUNDATION, INC.

DOCUMENT NUMBER: N04000008781

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

Please return all correspondence concerning this matter to the following:

GORDON R. DUNCAN
(Name of Contact Person)

DUNCAN & ASSOCIATES, P.A.
(Firm/ Company)

1601 JACKSON ST #101
(Address)

FT. MYERS, FL 33901
(City/ State and Zip Code)

gordon@duncanassociatesfl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gordon R. Duncan at 239 334-4574
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

SHADY REST FOUNDATION, INC

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

N04000008781

(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:**

_____ *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)

6200 WHISKEY CREEK DR
FT. MYERS, FL 33919

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

6200 WHISKEY CREEK DR
FT. MYERS, FL 33919

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: GORDON R. DUNCAN

New Registered Office Address: 1601 JACKSON ST #101
(Florida street address)

FT. MYERS, Florida 33901
(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

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TALLAHASSEE, FL

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:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change ____ Add X Remove	P	WESTON R. EDWARDS	4100 CENTER POINT DR, 112 FT. MYERS, FL 33916
2) ____ Change X Add ____ Remove	PC	ROBERT L. MURRAY	6200 WHISKEY CREEK DR. FT. MYERS, FL 33919
3) X Change ____ Add ____ Remove	T	SHEILA CARLSON	6200 WHISKEY CREEK DR. FT. MYERS, FL 33919
4) X Change ____ Add ____ Remove	D	ARIE J. VANDUIJN	6200 WHISKEY CREEK DR. FT. MYERS, FL 33919
5) X Change ____ Add ____ Remove	VC	JO STECHER	6200 WHISKEY CREEK DR. FT. MYERS, FL 33919
6) X Change ____ Add ____ Remove	S	SANDRA WHARTON	6200 WHISKEY CREEK DR FT. MYERS, FL 33919

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

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TALLAHASSEE, FL

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.

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SECRETARY OF STATE
TALLAHASSEE, FL

Dated November 11, 2020

Signature Robert L Murray

(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 L. MURRAY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)