

N05000008070

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

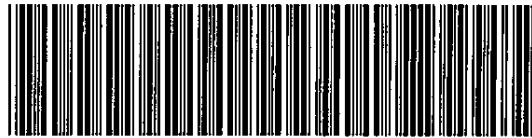
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07 NOV 19 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts NOV 19 2007



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2007

LORRAINE SHANK  
MARION DISASTER RECOVERY NETWORK INC.  
1629 NW 4TH STREET - STE 102  
OCALA, FL 34475

SUBJECT: MARION LONG-TERM RECOVERY PROGRAM, INC.  
Ref. Number: N05000008070

We have received your document for MARION LONG-TERM RECOVERY PROGRAM, 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):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 907A00061890

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MARION DISASTER RECOVERY NETWORK, INC.

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

LORRAINE SHANK

(Name of Contact Person)

MARION DISASTER RECOVERY NETWORK INC.

(Firm/ Company)

1629 NW 4th Street - Suite 102

(Address)

Ocala, Florida 34475

(City/ State and Zip Code)

For further information concerning this matter, please call:

Lorraine Shank

(Name of Contact Person)

at ( 352 ) 369-2922

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <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<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

Articles of Amendment  
to  
Articles of Incorporation  
of

**MARION LONG TERM RECOVERY PROGRAM INC.**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:

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

**MARION DISASTER RECOVERY NETWORK INC.**

(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)**

**Article II in By-laws - Principal Office - Change from: 1401 NE 2nd Street, 34470**  
**to: 1629 NW 4th Street, Ocala, Florida 34475 (both addresses in Ocala, Fl.Augu**

The date of the amendment(s) was: August 1, 2005


Effective date if applicable: October 15, 2007  
(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 the fiduciary.)

GARY LINN

GARY LINN  
(Typed or printed name of person signing)

VICE PRESIDENT, Board of Directors

(Title of person signing)

**FILING FEE: \$35**