

NO50000008160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

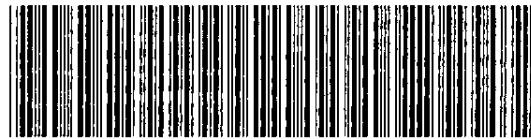
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/18/11--01014--019 **35.00

Amend

FILED
11 MAR 28 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2011

CINDY SCHAEFFER
DICKENSON MURPHY REX AND SLOAN
150 E PALMETTO PARK RD STE 500
BOCA RATON, FL 33432

SUBJECT: LAKE OKEECHOBEE HABITAT ALLIANCE, INC.
Ref. Number: N05000008160

We have received your document for LAKE OKEECHOBEE HABITAT ALLIANCE, 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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 411A00006795

RECEIVED
11 MAR 28 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Returned 3/24/2011

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LAKE OKEECHOBEE HABITAT ALLIANCE, INC.

DOCUMENT NUMBER: N05000008160

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

Please return all correspondence concerning this matter to the following:

CINDY SCHAEFFER

Name of Contact Person

DICKENSON MURPHY REX AND SLOAN

Firm/ Company

150 E PALMETTO PARK RD SUITE 500

Address

BOCA RATON FL 33432

City/ State and Zip Code

CGS@DMRSLAW.COM

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

For further information concerning this matter, please call:

CINDY SCHAEFFER

Name of Contact Person

at (561)

391-1900

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

11 MAR 28 AM 8:52

LAKE OKEECHOBEE HABITAT ALLIANCE, INC.

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

N05000008160

(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)

C. Enter new mailing address, if applicable:

(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:

New Registered Office Address:

(Florida street address)

_____, Florida
(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

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DIRECTOR	DAVID HITZIG	2500 JUPITER PARK DRIVE JUPITER, FL 33458	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

[illegible]

The date of each amendment(s) adoption: MARCH 11, 2011

(date of adoption is required)

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(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 MARCH 24, 2011

Signature _____

[Handwritten signature: Blaine C. Dickenson]
(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)

BLAINE C. DICKENSON

(Typed or printed name of person signing)

AUTHORIZED AGENT AND DIRECTOR

(Title of person signing)