

N06000010003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

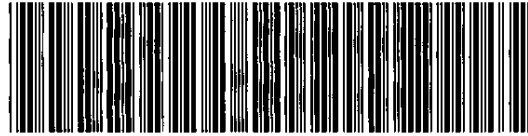
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000183349790

000183349790
07/16/10--01012--006 **35.00

FILED
10 AUG 13 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

And 8/1/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LCHA Inc

DOCUMENT NUMBER: N0060000/0003

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

Please return all correspondence concerning this matter to the following:

Kimberly Breen
(Name of Contact Person)

LCHA INC
(Firm/ Company)

21777 Amazing Grace Ln
(Address)

Alva, FL 33920
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Kimberly Breen at (239) 789-7935
(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

Already paid

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2010

KIM BREEN
21777 AMAZING GRACE LN
ALVA, FL 33920

SUBJECT: LCHA, INC.
Ref. Number: N06000010003

We have received your document for LCHA, 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):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 210A00017310

Articles of Amendment
to
Articles of Incorporation
of

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

N 006 0000 10003
(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**)

21777 Amazing Grace Ln
Alva FL 33920

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

PO Box 314
Fort Myers FL 33902

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:

Kimberly Broen

New Registered Office Address:

21777 Amazing Grace Ln
(Florida street address)

Al, Florida 33920
(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.

Kimberly Broen
Signature of New Registered Agent, if changing

FILED
10 AUG 18 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Attach additional sheets, if necessary)

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 7/1/10
(date of adoption is required)
Effective date if applicable: 7/1/10
(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 7/28/10

Signature Kimberly B
(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)

Kimberly Broen
(Typed or printed name of person signing)

President
(Title of person signing)