

NO7000007540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

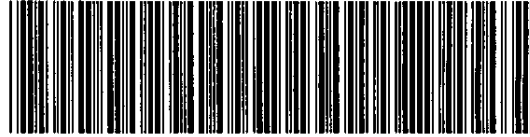
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Made
Corrections
per Katherine
Morrison on
7-26-16
DC
25th

Office Use Only



100286271891

FILED
16 JUL 25 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/14/16--01020--010 **25.00

08/02/16--01014--031 **10.00

Amend.

RECEIVED
2016 JUN 13 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 27 2016

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2016

KATHERINE MORRISON
ROBINETTE CIVIC ASSOCIATION INC
2885 ROBINETTE DRIVE
ORANGE PARK, FL 32073

SUBJECT: ROBINETTE CIVIC ASSOCIATION, INC.
Ref. Number: N07000007540

We have received your document for ROBINETTE CIVIC ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 916A00012991

RECEIVED
16 JUL 25 AM 11:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Robinette Drive Civic Association inc

DOCUMENT NUMBER: N0700000 7540

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

Please return all correspondence concerning this matter to the following:

Katherine A. Morrison
(Name of Contact Person)

Robinette Civic Association
(Firm/ Company)

2885 Robinette Dr.
(Address)

Orange Park, FL 32073
(City/ State and Zip Code)

/ live 4 kids 2 teach @ AOL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katherine Morrison at 904-608-6909
(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)

We paid
\$25 already
\$10 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

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

(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)

2885 Robinette Dr.
Orange Park, FL
32073

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

0/Katherine Morrison
2885 Robinette Dr
Orange Park, FL 32073

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:

Katherine Morrison

2885 Robinette Dr.

(Florida street address)

New Registered Office Address:

Orange Park
(City)

Florida

(Zip Code)

32073

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.

Katherine Morrison

Signature of New Registered Agent, if changing

FILED
16 JUL 25 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ST</u>	<u>Clements, Nancy</u> <u>Nancy Clements</u>	<u>2819 Robinette Dr</u> <u>Orange Park, FL 32073</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ST</u>	<u>Morrison Katherine</u> <u>Katherine Morrison</u>	<u>2885 Robinette Dr</u> <u>Orange Park, FL 32073</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Brockmiller, Hunter</u> <u>Hunter Brockmiller</u>	<u>2819 Robinette Dr</u> <u>Orange Park, FL 32073</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Ingram, Sandra</u> <u>Sandra Ingram</u>	<u>2788 Robinette Dr</u> <u>Orange Park, FL 32073</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

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

Per our quarterly meeting in April, Nancy Clements and Hunter Brockmiller came off the Robinette Civic Association and Katherine Morrison & Sandra Ingram were elected Secretary Treasurer and Vice President in that order.

• 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.

Dated 7 June 2016

Signature Katherine Morrison
(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)

Katherine A Morrison
(Typed or printed name of person signing)

Secretary / Treasurer Robinette Civic Assoc.
(Title of person signing)