## NOS 00000 3848

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## **COVER LETTER**

Department of State Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	ion County Sheriff	ORPORATE NAME	
Enclosed are an orig	ginal and one (1) copy of the re-	stated articles of incorpor	ation and a cheek for:
□ \$35.00	<b>\$43.75</b>	☐ \$43.75	□ \$52.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM: R	obert Ranza Mo	rgan, Jr.	

Robert Ranza Morgan, Jr.
Name (Printed or typed)
12580 SW 107th Street Rd.
Address
Dunnellon, FL, 34432
City, State & Zip
352-368-3582
Daytime Telephone number
President@MCSOFoundation.org

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

NOTE: Please provide the original and one copy of the document.

## RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

The name of the corporation is: Marion County Sheriff's Office, INC.		_	
ARTICLE II RESTATEDARTICLES			
The text of the Restated Articles is as follows:			
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	AS	2022 MAY 31	
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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	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Τ	Joel Webster	1955 NE 115th Ave
Add			Silver Springs, FL., 34488
X Remove			
2) Change	<u>T</u>	Elizabeth Palmer	4516 S. Leisure Blvd.
X Add			Lecanto, FL., 34461
Remove			
3 ) Change	<u>S</u>	Joan Brand	8650 SW 92nd Place
Add			Ocala, FL., 34481
X Remove			
4) Change	<u>S</u>	Sandra Grabczynski	16294 SW 14th Ave Rd.
X Add			Ocala, FL., 34473
Remove			
5) Change			2022
Add			2002 HAY
Remove			<u> </u>
6) Change			mg P
Add			
Remove			

The <u>name and Florida street address</u> (P.O. Box N	NOT acceptable) of the regist	ered agent is:	
Name:			
Address:			
	<u></u>		
Having been named as registered agent to accept secrificate, I am familiar with and accept the appo	service of process for the abo ointment as registered agent o	ve stated corporation at th and agree to act in this cap	e place designated in this pacity
Required Signature/Req	gistered Agent		Date
ARTICLE VI ARTICLE CONSOLIDATION			
These adopted restated articles of in all amendments to them.	ncorporation supersede t	he original articles of	incorporation and
ARTICLE VII REQUIRED ADOPTION INF	FORMATION		
Adoption of Amendment(s)	(CHECK ONE)		
These restated articles of incorporatio required member approval. The date of the votes cast were sufficient for approval.	adoption of the amendm	nt to the articles of inc nents was	eorporation which and
These restated articles of incorporation	on were adopted by the b	poard of directors.	FILED 2022 MAY 31 PM 4: 41

Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be specific and	cannot be more than 90 days after the filing.)
<u>Note:</u> If the date inserted in this block does not meet the appl the document's effective date on the Department of State's rec	icable statutory filing requirements, this date will not be listed as cords.
I submit this document and affirm that the facts stated herei document to the Department of State constitutes a third degree	in are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
Dated: 5/25/2022	_
Signature: Obbt Re (By a director, presider have not been selected, by a other court appointed fiduc	an incorporator – if in the hands of a receiver, trustee or
Robert Ranza N	lorgan, Jr.
(Typed or printed	I name of person signing)
President	
(Title of person s	signing)

ARTICLE VIII EFFECTIVE DATE:

