

ND8000004947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2012 FEB 28 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 28 2012  
T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 18, 2012

RENITA BAILEY  
MARTREACE JONES TRUST FUND, INC.  
P O BOX 30972  
PALM BEACH GARDENS, FL 33420

SUBJECT: MARTREACE JONES TRUST FUND, INC.  
Ref. Number: N08000004947

We have received your document for MARTREACE JONES TRUST FUND, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2011 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at the Division of Corporations' website, [www.sunbiz.org](http://www.sunbiz.org). Please look for Reinstatement filing in the "E-Filing Services" or "Electronic Filing" menu. There may also be a "blue box" on the Sunbiz homepage entitled "File A Reinstatement Here". You will have the option to pay by credit/debit card; or by check or money order.

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: 712A00001164

RECEIVED

12 FEB 28 AM 8: 54

OFFICE OF THE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Martreace Jones Trust Fund, Inc.

DOCUMENT NUMBER: N08000004947

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

Please return all correspondence concerning this matter to the following:

Renita Bailey

(Name of Contact Person)

Martreace Jones Trust Fund, Inc.

(Firm/ Company)

PO Box 30972

(Address)

Palm Beach Gardens, FL 33420

(City/ State and Zip Code)

RenitaLB@hotmail.com

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

For further information concerning this matter, please call:

Shanee' Bailey

(Name of Contact Person)

at 561 313-1210

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & | <input type="checkbox"/> \$43.75 Filing Fee & | <input checked="" type="checkbox"/> \$52.50 Filing Fee |
| Certificate of Status                    | Certified Copy                                | Certificate of Status                         | Certified Copy   |
|  | (Additional copy is                           | (Additional Copy is                           |  |
| enclosed)                                |   | 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

Martreace Jones Trust Fund, Inc.

2012 FEB 28 PM 12: 20

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

N08000004947

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:

A. If amending name, enter the new name of the corporation:

Martreace Jones Leukemia Foundation, Inc.

*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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 30972

Palm Beach Gardens, FL

33420

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:

N/A

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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*

*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.*

**Example:**

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3 ) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
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)

N/A

The date of each amendment(s) adoption: January 7, 2012

Effective date if applicable: January 1, 2012

*(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 January 9, 2012

Signature

Renita L. Bailey

(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)

Renita L. Bailey

(Typed or printed name of person signing)

Treasurer

(Title of person signing)