

108000006696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

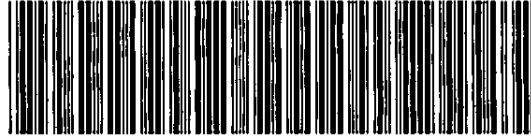
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800284372938

04/11/16--01040--001 **25.00

04/27/16--01003--023 **10.00

FILED

16 APR 27 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

APR 28 2016

D CUSHING

COVER LETTER

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314
April 7, 2016

Pinellas Traditions Intergroup of Overeaters Anonymous, Inc.

Subject: _____

Ref. # N08000006696

FEI Number 26-3027867

Fee Update \$25

Article Amendment to original "Articles of Incorporation"

FROM: Joan Russell
806 Robin Ave
Palm Harbor, FL 34683
727-785-9208

FILED
16 APR 27 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Pinellas Traditions Intergroup of Overeaters Anonymous, INC.

DOCUMENT NUMBER: N08000006696

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

Please return all correspondence concerning this matter to the following:

Joan Russell

(Name of Contact Person)

Pinellas Traditions Intergroup of Overeaters Anonymous, Inc.
(Firm/ Company)

806 Robin Ave Palm

(Address)

Palm Harbor, FL 34683

(City/ State and Zip Code)

Russelljo1@verizon.net

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joan Russell

(Name of Contact Person)

at 721-185-9208

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee
rec'd 25
\$10 included | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

April 14, 2016

JOAN RUSSELL
806 ROBIN AVE
PALM HARBOR, FL 34683

SUBJECT: PINELLAS TRADITIONS INTERGROUP OF OVEREATERS
ANONYMOUS, INC.
Ref. Number: N08000006696

We have received your document for PINELLAS TRADITIONS INTERGROUP OF OVEREATERS ANONYMOUS, 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):

You will need to complete the attached amendment form in order to make this correction/change. We will need an additional \$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.

Diane Cushing
Senior Section Administrator

Letter Number: 216A00007731

RECEIVED
16 APR 27 AM 7:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Pinellas Traditions Intergroup of Overeaters Anonymous, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

N08000006696

(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)

(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

FILED
16 APR 27 PM 3:51
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>

<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)

ARTICLE VIII - Dissolution

Upon dissolution of this Intergroup, after paying any and all debts that we may owe, or obligations of this Intergroup, the remaining assets shall be forwarded to Region 8, in the amount of 25% and the World Service Office of Overcasters Anonymous, in the amount of 75%.

No part of the funds of this Intergroup shall ever be used for the benefit of, or be distributed to its members, officers, representatives, delegates, or private persons, except that the Intergroup shall be empowered to pay reasonable reimbursement of expenses as may be incurred.

In order to deregister, an Intergroup must submit a written request to the World Service Office, region chair + region trustee.

The date of each amendment(s) adoption: 5/15/15, if other than the date this document was signed.

Effective date if applicable: 5/15/15
(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 5/15/15

Signature Joan Russell
(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)

Joan Russell
(Typed or printed name of person signing)

Chair of Intergroup
(Title of person signing)

FILED
16 APR 27 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA