

*NO8000007688*

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

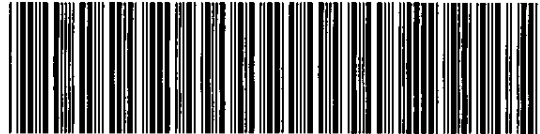
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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600138225686

12/03/08--01013--005 \*\*43.75

**FILED**  
08 DEC -3 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*  
**C.COULLETTE**

DEC 05 2008

**EXAMINER**

## STEPHEN H. ARTMAN, P.A.

*Attorneys at Law*

*Stephen H. Artman  
Ricardo Santander\**

*\* Hispano Hablante*

*925 South Florida Avenue  
Lakeland, FL 33803-1149  
(863) 688-5252  
(863) 688-5055 FAX  
www.artmanlawoffice.com*

December 1, 2008

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

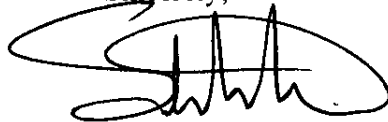
RE: Fallen Firefighter Survivor's Foundation, Inc.

Dear Madam:

Enclosed please find a cover letter forwarding the Articles of Amendment to Articles of Incorporation for the above referenced corporation, along with our firm check in the amount of \$43.75 to cover the filing fee and a Certified Copy of same.

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'SHA', enclosed within a large, loopy oval stroke.

STEPHEN H. ARTMAN

SHA/klj

Enclosures

G:\WP51\Corporation\Fallen Firefighters\amendment cover ltr

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Fallen Firefighter Survivor's Foundation, Inc.

DOCUMENT NUMBER: N08000007688

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

Please return all correspondence concerning this matter to the following:

Stephen H. Arfman, Esq.  
(Name of Contact Person)

Stephen H. Arfman, P.A.  
(Firm/ Company)

925 South Florida Avenue  
(Address)

Lakeland, Fl. 33803  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Stephen H. Arfman at ( 863 ) 688-5252  
(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)

**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

Fallen Firefighter Survivor's Foundation, Inc.

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

008000007688

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC -3 PM 1:55

FILED

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:**

N/A

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)

5847 Breakwater Drive

Winter Haven, FL. 33884

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

P.O. Box 58

Engle Lake, FL. 33839

**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

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(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.

N/A

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President</u>	<u>Sherry Lang</u>	<u>P.O. Box 58</u> <u>Eagle Lake, FL.</u> <u>33839</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Secretary/ Treasurer</u>	<u>Jason Moerschbacher</u>	<u>P.O. Box 58</u> <u>Eagle Lake, FL.</u> <u>33839</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<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)

Add new Article XX entitled "Initial Officers & Corporation"

President - Sherry Lang ; P.O. Box 58, Eagle Lake, FL. 33839.

Secretary/Treasurer - Jason Moerschbacher ; P.O. Box 58, Eagle Lake, FL. 33839.

end

Add new Article XVI entitled "Dissolution"

Upon dissolution of this organization, assets will be distributed  
for one or more exempt purposes within the meaning of Section  
501(c)(3) of the Internal Revenue Code, or corresponding section of any  
future tax code, or shall be distributed to the Federal government, or  
to a state or local government for a public purpose.

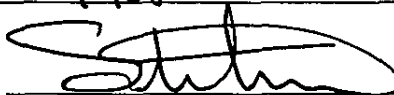
The date of each amendment(s) adoption: 12/1/08

Effective date if applicable: Upon Filing  
(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 12/1/08

Signature 

(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)

STEPHEN H. ALTMANN, Esq.  
(Typed or printed name of person signing)

Incorporator  
(Title of person signing)