

N 08 000000 9209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

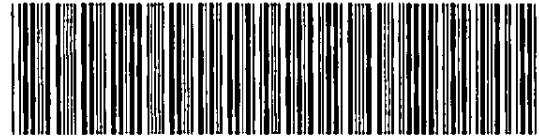
(Business Entity Name)

(Document Number)

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10/06/17--01017--027 \*\*35.00

S TALLENT

OCT 26 2017

*Amend*

FILED  
17 OCT 26 AM 6:45  
TALLERD'S OFFICE  
AT TAMMSEB HONOR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2017

RIT COBERLEY  
LAKE COUNTY F.O.E. #4273 LADIES AUXILIAR  
27150 HAYWOOD WORM FARM ROAD  
OKAHUMPKA, FL 34762

SUBJECT: LAKE COUNTY F.O.E. #4273 LADIES AUXILIARY, INC.  
Ref. Number: N08000009209

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 317A00020328

RECEIVED  
OCT 26 PM 12:16  
DIVISION OF STATE  
SIGN OF CORPORATIONS  
11 AUGUST 2017



**LAKE COUNTY F.O.E. #4273 AUXILIARY, Inc.  
27150 HAYWOOD WORM FARM ROAD  
OKAHUMPKA FL 34762**

October 23<sup>rd</sup>, 2017

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

Attn: Susan Tallent  
Ref: Letter Number: 317A00020328

Attached are the proper forms that you sent to us along with copy of your letter.

Thank you for your assistance. My e-mail is listed on the cover letter:  
[ritaaux4273@gmail.com](mailto:ritaaux4273@gmail.com). The phone number listed 352-787-6054 is the office number.  
My home phone is 352-360-0723.

  
Rita Coberley  
Auxiliary Secretary



**LAKE COUNTY F.O.E. #4273 AUXILIARY, Inc.  
27150 HAYWOOD WORM FARM ROAD  
OKAHUMPKA FL 34762**

October 3<sup>rd</sup>, 2017

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

Attached is the cover letter, statement of change and check of \$35.00 for filing fee.

Both the Secretary Carolyn Lantto and Treasurer Tara Carlson resigned. The correction for new Secretary, Rita Coberley is on the form, but there was place to change for the new Treasurer. The new Treasurer is Verlene Wallace.

I wasn't sure if this was to change both officers or to change the current registered agent.

Thank you for your assistance. My e-mail is listed on the cover letter: [ritaaux4273@gmail.com](mailto:ritaaux4273@gmail.com). The phone number listed 352-787-6054 is the office number. My home phone is 352-360-0723.

Rita Coberley  
Auxiliary Secretary

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lake County F.O.E. #4273 Ladies Auxiliary, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N08000009209

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rita Coberley

Name of Contact Person

Lake County F.O.E. #4273 Ladies Auxiliary, Inc.

Firm/Company

27150 Haywood Worm Farm Road

Address

Okahumpka, FL 34762

City/State and Zip Code

ritaaux4273@gmail.com

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

For further information concerning this matter, please call:

Rita Coberley

Name of Contact Person

at ( 352 ) 787-6054

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**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

LAKE COUNTY F.O.E. # 4273 LADIES AUXILIARY, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N08000009209

(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:

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

RITA COBERLEY

27150 HAYWOOD WORM FARM ROAD  
(Florida street address)

New Registered Office Address:

OKA HUMPKA

(City)

Florida 34762  
(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*

Rita Coberley

Signature of New Registered Agent, if changing

FILED

17 OCT 26 AM 16:45

CLERK OF DISTRICT COURT  
JACKSONVILLE, 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) ☐ Change

S

CAROLYN LANTTO

27150 HAYWOOD WORM FARM ROAD  
OKAUCHUKA, FL 34762

☐ Add

☒ Remove

2) ☐ Change

S

RITA COBERLEY

27150 HAYWOOD WORM FARM ROAD  
OKAUCHUKA, FL 34762

☒ Add

☐ Remove

3) ☐ Change

T

TARA CARLSON

27150 HAYWOOD WORM FARM ROAD  
OKAUCHUKA, FL 34762

☐ Add

☒ Remove

4) ☐ Change

T

VERLENE WALLACE

27150 HAYWOOD WORM FARM ROAD  
OKAUCHUKA, FL 34762

☒ Add

☐ Remove

5) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

6) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

☐ Remove

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



The date of each amendment(s) adoption: 10-3-17, if other than the date this document was signed.

Effective date if applicable: 10-3-17  
(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 10-3-17

Signature Carolyn Lantto  
(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)

CAROLYN LANTTO  
(Typed or printed name of person signing)

SECRETARY  
(Title of person signing)