

N090000001287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

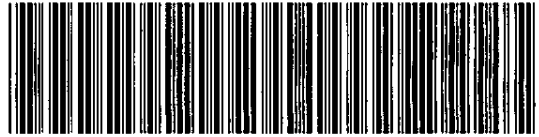
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2009 APR -2- PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TB

4/2/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Orange County Sheriff's Office Task Force

**DOCUMENT NUMBER:** N09000001287

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

Please return all correspondence concerning this matter to the following:

Dennis Eickelman

(Name of Contact Person)

Orange County Sheriff's Office

(Firm/ Company)

4085 Anthony Lane

(Address)

Orlando, Florida 32822-763

(City/ State and Zip Code)

For further information concerning this matter, please call:

Dennis Eickelman

(Name of Contact Person)

at ( 407 ) 947-7517

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2009 APR -2 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 10, 2009

ORANGE COUNTY SHERIFF'S OFFICE TASK FORCE INC.  
DENNIS EICKELMAN  
PO BOX 140451  
ORLANDO, FL 32814

SUBJECT: ORANGE COUNTY SHERIFF'S OFFICE TASK FORCE INC.  
Ref. Number: N09000001287

We have received your document for ORANGE COUNTY SHERIFF'S OFFICE TASK FORCE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct your document to reflect that it is filed pursuant to the correct statute number.

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

If there are MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are NO MEMBERS OR MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 709A00008229

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2009 APR -2 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Orange County Sheriff's Office Task Force Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N09000001287

(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**)

4085 Anthony Lane

Orlando, Florida 32822-7633

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

P.O. Box 140451

Orlando, Florida 32814

**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:

Dennis Eickelman

New Registered Office Address:

4085 Anthony Lane

(Florida street address)

Orlando

(City)

Florida 32822-7633

(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



The date of each amendment(s) adoption: March 04, 2009

Effective date if applicable: March 04, 2009

*(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 March 10, 2009

Signature

Dennis Eickelman

(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)

Dennis Eickelman

(Typed or printed name of person signing)

Vice President

(Title of person signing)