

ND9000001501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

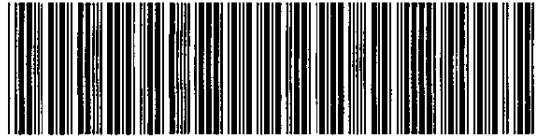
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 18 AM 9:46

Amend
C.COULLETTE

AUG 18 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WHY NOT ME CAMPAIGN, INC

DOCUMENT NUMBER: N09000001501

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

Please return all correspondence concerning this matter to the following:

SCHANNA M. SPEIGHT
Name of Contact Person

WHY NOT ME CAMPAIGN, INC
Firm/ Company

P.O. BOX 9968
Address

JACKSONVILLE, FL 32208
City/ State and Zip Code

SCHANNASP8@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCHANNA M. SPEIGHT at (701) 610-1460
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2009

SCHANNA M. SPEIGHT
WHY NOT ME CAMPAIGN, INC.
PO BOX 9968
JACKSONVILLE, FL 32208

SUBJECT: WHY NOT ME CAMPAIGN, INC.
Ref. Number: N09000001501

We have received your document for WHY NOT ME CAMPAIGN, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 809A00023509

RECEIVED
2009 AUG 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WHY NOT ME CAMPAIGN, INC

DOCUMENT NUMBER: N09000001501

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Please return all correspondence concerning this matter to the following:

SCHANNA M SPEIGHT

(Name of Contact Person)

WHY NOT ME CAMPAIGN, INC

(Firm/ Company)

P.O. Box 9968

(Address)

JACKSONVILLE, FL 32208

(City/ State and Zip Code)

SCHANNASPB@AOL.COM

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

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SCHANNA M SPEIGHT

(Name of Contact Person)

at (701) 610 1460

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Street Address

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Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

WHY NOT ME CAMPAIGN, INC

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

NO 9000001501

(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)

PO BOX 9968

JACKSONVILLE, FL 32208

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)

_____, 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.

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 18 AM 9:46

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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)

PLEASE ADD THE FOLLOWING ARTICLE :

ARTICLE IX - UPON THE DISSOLUTION OF THE
 ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR
 ONE OR MORE EXEMPT PURPOSES WITHIN THE
 MEANING OF SECTION 501(C)(3) OF THE INTERNAL
 REVENUE CODE.

The date of each amendment(s) adoption: JUNE 29, 2009
(date of adoption is required)

Effective date if applicable: _____
(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 8/12/09

Signature [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)

SCHANNA M SPEIGHT

(Typed or printed name of person signing)

SECRETARY - BOARD OF DIRECTORS

(Title of person signing)