

NO9000004904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

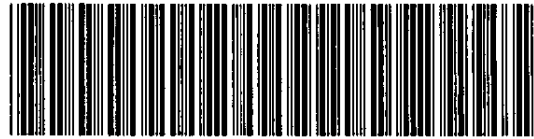
(Business Entity Name)

(Document Number)

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FILED  
14 AUG 26 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 04 2014  
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2014

CAROLE MCMANUS  
FIRST COAST TEA PARTY INC  
11437 CENTRAL PARKWAY SUITE 107  
JACKSONVILLE, FL 32247

SUBJECT: FIRST COAST TEA PARTY, INC.  
Ref. Number: N09000004904

We have received your document for FIRST COAST TEA PARTY, 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):

THE ENTIRE FORM MUST BE SUBMITTED. PAGE 4 OF 4 MUST BE COMPLETED.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 314A00016918

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: First Coast Tea Party, Inc.

DOCUMENT NUMBER: NO9000004904

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

Please return all correspondence concerning this matter to the following:

Carole Mc Manus

(Name of Contact Person)

First Coast Tea Party, Inc.

(Firm/ Company)

11437 Central Parkway, Suite 107

(Address)

Jacksonville, Florida 32247

(City/ State and Zip Code)

Admin@firstcoastparty.

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

For further information concerning this matter, please call:

Carole McManus

(Name of Contact Person)

at ( 904 ) 392-7475

(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 | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED

14 AUG 26 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

(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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office 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

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) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>T</u> | <u>Dennis Fleming</u> | <u>8150 San Jose Blvd.</u><br><u>Jacksonville,</u><br><u>Fl. 32211</u>       |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>S</u> | <u>Sandy McCorvey</u> | <u>3252 Glendyne Dr., E.</u><br><u>Jacksonville, Florida</u><br><u>32216</u> |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>S</u> | <u>Barbara Jordan</u> | <u>17000 Dorado Circle</u><br><u>Jacksonville,</u><br><u>Fl. 32226</u>       |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____    | _____                 | _____  |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____    | _____                 | _____  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____    | _____                 | _____  |

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.

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Example:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change

☐ Add

☒ Remove

~~Executive~~  
~~Director~~

Leanne King

480 Summerset Drive  
Saint Johns, FL 32259

2) ☐ Change

☐ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

The date of each amendment(s) adoption:  
date this document was signed.

Leanne King July 2013  
Dennis Fleming Sept. 2013  
Sandy McCorvey January 2014  
Barbara Jordan February 2014

, if other than the

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

28 August 2014

Signature

Carole McManus

(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)

Carole McManus

(Typed or printed name of person signing)

Chairman

(Title of person signing)