## N 0 9000011937

(Red	uestor's Name)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Amera C.COULLIETTE SEP 3 0 2010

**EXAMINER** 

#### L COVER LETTER >

Amendment Section Division of Corporations

TO:

SUBJECT:	Republican Bus	iness Council Corporation	
DOCUMENT NUI	MBER: NO	9000011937	
The enclosed Stater	nent of Change of Registered Off	ice/Agent and fee are subn	nitted for filing.
Please return all con	respondence concerning this matt	ter to the following:	
-	Bria Name of C	n Forte ontact Person	
		usiness Council	
		OX 1767 Idress	
	. AC	idress .	
	- Ocala,-Fl. City/State	34479-1767 and Zip Code	
_	rbc@republicanbu E-mail address: (to be used for	usinesscouncil.com future annual report not	ification)
For further informate	ion concerning this matter, please	e call:	
Nam	Brian Forte te of Contact Person	at ( <u>352</u> ) Area Code & Day	812-4490 time Telephone Number
Enclosed is a \$35.00	Check made payable to the Depa	artment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Addres Amendment S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ing ve Center Circle



September 23, 2010

BRIAN FORTE REPUBLICAN BUSINESS COUNCIL, INC. PO BOX 1767 OCALA, FL 34479-1767

SUBJECT: REPUBLICAN BUSINESS COUNCIL, INC.

Ref. Number: N09000011937

We have received your document for REPUBLICAN BUSINESS COUNCIL, INC. 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):

You cannot change or add officers/directors with the form for a change of registered agent. ou will need to file the annual report for 2010 and make the changes on there.

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: 810A00022625

Sending Amend

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF C	ORPORATION: Republican Bu	usiness Council	
DOCUMENT	NUMBER: N09000011937		
	Articles of Amendment and fee are sub	omitted for filing.	
Please return a	Il correspondence concerning this matt	ter to the following:	
	<del> </del>	ian Forte	
	(Name of	Contact Person)	
RECEIVED 10 SEP 29 M 9: 44 SECRETARY OF SAREA	Republican	Business Council	
1 6 ST	(Firm	/ Company)	•
ラモジ			
田の智	<u>≨</u> PO∣	BOX 1767	
O. B. E.	4	Address)	
SO SS	A STATE OF THE STA		
. •	Ocala, F	I. 34478-1767	
	(City/ Star	te and Zip Code)	
		businesscouncil.com d for future annual report notific	eation)
	E-mail address. (to be use	u for future armuar report nound	ation
For further info	ormation concerning this matter, please	e call:	
Brian Forte		at ( 352 ) 812-449	
	(Name of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a c	check for the following amount made p	ayable to the Florida Departmen	nt of State:
	Fee □ \$43.75 Filing Fee &	☐ \$43.75 Filing Fee &	□ \$52.50 Filing Fee
_	Certificate of Status	Certified Copy	Certificate of Status
		(Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)
	Mailing Address	Street Address	is chelosod)
Amendment Section		Amendment Section	
	Division of Corporations P.O. Box 6327	Division of Corporati Clifton Building	ons
	Tallahassee, FL 32314	2661 Executive Center	er Circle

Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation of Republican Business Council, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N09000011937

(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:

The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company		
		_
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STR</u>		<u> </u>
	<del></del> -	
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		
(		
		· ;
D. If amending the registered agent and/onew registered agent and/or the new recommendation and the ne		, enter the name of the
		, enter the name of the
new registered agent and/or the new re		enter the name of the
new registered agent and/or the new re		enter the name of the
new registered agent and/or the new re Name of New Registered Agent:	egistered office address:  (Florida street address)	, Florida
new registered agent and/or the new re Name of New Registered Agent:	egistered office address:	
new registered agent and/or the new re Name of New Registered Agent:	(Florida street address)  (City)  nging Registered Agent:	, Florida (Zip Code)

### 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>	Name	Address	Type of Action
Dir.	Sam M. McConnell	2162 E. Silver Springs Blvd. Ocala, Fl. 34470	_ ☑ Add _ □ Remove
Dir.	Mike Amsden	352 N. Magnolia Avenue Ocala, Fl. 34475	_ ☑ Add ☐ Remove
			Add Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be specif		

The date of each amendme	ent(s) adoption: 09/25/2010
	(date of adoption is required)
Effective date <u>if applicable</u>	
	(no more than 90 days after amendment file date)
Adoption of Amendment(	s) ( <u>CHECK ONE</u> )
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.
✓ There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated Signature	9/25/2010 Su Filos
( h	By the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, of their court appointed fiduciary by that fiduciary)
	Brian Forte
	(Typed or printed name of person signing)
	President / Director
	(Title of person signing)