

N10000001335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

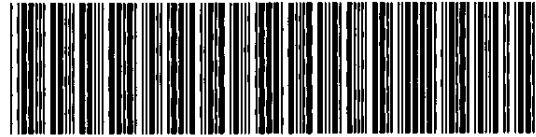
(Business Entity Name)

(Document Number)

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Amend

04/02/10--01014--025 **35.00

RECEIVED
10 APR -2 AM 11:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 APR -2 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AR
4/2/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Capital City Kingsmen, Inc.

DOCUMENT NUMBER: N10000001335

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

Please return all correspondence concerning this matter to the following:

Jennifer Petersen
(Name of Contact Person)

Capital City Kingsmen, Inc.
(Firm/ Company)

2494 E1 Rumba Ln
(Address)

Tallahassee, FL 32304
(City/ State and Zip Code)

Capitalcitykingsmen@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Petersen at (727) 687-7710
(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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

FILED

10 APR -2 AM 11:41

Capital City Kingsmen, Inc.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N10000004335

(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)

2494-1 Rumba Ln
Tallahassee, FL 32304

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

Capital City Kingsmen, Inc.
2494-1 Rumba Ln
Tallahassee, FL 32304

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)

(City)

Florida

(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Jennifer Petersen	2494-1 Rumba Ln Tallahassee, FL 32304	<input type="checkbox"/> Add (change titles) <input type="checkbox"/> Remove
Vice President	Shannon Stovall	2309 Delgado Dr. Tallahassee, FL 32304	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Secretary	Anna Stovall	2591 176th St Lake City, FL 32024	<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)

Article III Schedule A : line 12 add the word
"board" inserted before "director"

eg: inure to the benefit of any board director,
officer, or member

Article III Schedule B added to bottom → new paragraph

Conflict of Interest Policy :

1. The Board of Directors will decide all salaries for
the organization.

a. There must be a minimum of 66% vote.

b. In the case that a paid employee serves on the
Board of Directors, they shall not participate in
the voting process for their own salary.

2. Formal vote and yearly contract are required in
writing for every salary decision, including independent
contractors

See additional page for completion.

3. Salaries must be reasonable in relation to other nonprofit organizations with similar purposes and/or similar budgets.
4. Other benefits for employees will be decided in the same manner as listed for salaries.

The date of each amendment(s) adoption: 4-1-10
(date of adoption is required)
Effective date if applicable: 4-2-10
(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 4-1-10

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)

Jennifer Petersen
(Typed or printed name of person signing)

President
(Title of person signing)