

N10000006543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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11 NOV 14 AM 11:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

th 11-15-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2011

JIM MCKENZIE
STOP CHILD OBESITY NOW, INC.
2721 TANGELO DR
SARASOTA, FL 34239

SUBJECT: STOP CHILD OBESITY NOW, INC.
Ref. Number: N10000006543

We have received your document for STOP CHILD OBESITY NOW, 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 current name of the entity is as referenced above. Please correct your document accordingly.

Please check only one box under the adoption of amendment.

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) 245-6892.

To
Tina Roberts
Regulatory Specialist II

Letter Number: 511A00024851

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11 NOV 14 PM 1:15

TALLAHASSEE, FLORIDA

11/4/2011

Thank you for your letter. I have duly amended the form accordingly and intalled the 'tick' box on the adoption of amendment.

Truly
In Mine

www.sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: STOP CHILD OBESITY NOW INC

DOCUMENT NUMBER: N100000006543

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

Please return all correspondence concerning this matter to the following:

JIM MCKENZIE

(Name of Contact Person)

STOP CHILD OBESITY NOW INC.

(Firm/ Company)

2721 TANGELO DRIVE

(Address)

SARASOTA FLORIDA 34239

(City/ State and Zip Code)

REDFISHMEDIA@GMAIL.COM

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

For further information concerning this matter, please call:

JIM MCKENZIE

(Name of Contact Person)

at (941) 926 5218

(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

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: STOP CHILD OBESITY INC

DOCUMENT NUMBER: N10000006543

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

Please return all correspondence concerning this matter to the following:



(Name of Contact Person)

JIM MCKENZIE

PRESIDENT

2721 TANGUO DR

SARASOTA FL 34239

Articles of Amendment
to
Articles of Incorporation
of

STOP CHILD OBESITY NOW, INC.
(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:

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

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TALLAHASSEE FLORIDA

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)

Title	Name	Address	Type of Action
S	ANOREA KRETTEN	LAKEWOOD RANCH MED CENTRE, 6310 HEATH AVE Way, FL 34202-5107	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
TR	JILL GREBER	1509 Shadow Ridge Cove Sarasota 34240	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
DR.	S CHRISTINA WINSEY	3217 Campbell St Sarasota FL 34231	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
T	Kristine INSALCO	PO BOX 1511 TELEWAST FL	Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: OCT 24 2011
(date of adoption is required)

Effective date if applicable: OCT 25 2011
(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 OCT 25 2011

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)

JIM MCKENZIE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)