

N10000009157

(Requestor's Name)

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(City/State/Zip/Phone #)

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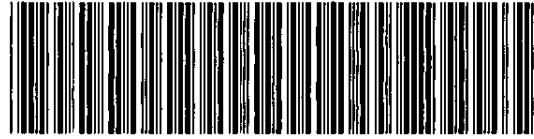
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 13 AM 8:51

Amend/Name  
@ 2/14/13  
CC/CUS  
CH8

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION:

*TEAM TONY*  
~~TEAM~~TONY BRAIN CANCER FOUNDATION, *Inc.*

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

TONY MCEACHERN

(Name of Contact Person)

TEAM TONY CANCER FOUNDATION, *Inc.*

(Firm/ Company)

2605 SWEETLAND AVENUE

(Address)

SARASOTA /FLORIDA/ 34232

(City/ State and Zip Code)

TONY@TEAMTONY.ORG

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

For further information concerning this matter, please call:

TONY MCEACHERN

(Name of Contact Person)

941-320-3366

at (\_\_\_\_\_) \_\_\_\_\_

(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

2/4/13

Corrected

January 25, 2013

TONY MCEACHERN  
TEAM TONY BRAIN CANCER FOUNDATION, INC.  
2605 SWEETLAND AVENUE  
SARASOTA, FL 34232

SUBJECT: TEAM TONY BRAIN CANCER FOUNDATION, INC.  
Ref. Number: N10000009157

We have received your document for TEAM TONY BRAIN CANCER FOUNDATION, INC. and your check(s) totaling \$52.50. 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.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 713A00001973

RECEIVED

13 FEB 13 AM 8:05

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 13 AM 8:51

TEAM TONY BRAIN CANCER FOUNDATION, Inc.

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

85-8015682061G-4

(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:

TEAM TONY CANCER FOUNDATION, Inc.

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)

TEAM TONY FOUNDATION

3850 SOUTH OSPREY AVENUE, STE. 203

SARASOTA /FL. / 34239

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

TEAM TONY FOUNDATION

3850 SOUTH OSPREY AVENUE, STE. 203

SARASOTA /FL. / 34239

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: \_\_\_\_\_

(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)

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>DT</u>	<u>COLLINS,CANDACE</u>	<u>1620 BLUE HERON DR.</u> <u>SARASOTA, FLORIDA</u> <u>34239</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>STERN,SAMUEL</u>	<u>1255C ENCORE WAY</u> <u>SARASOTA,FL</u> <u>34236</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>BORGE,CARLOS</u>	<u>80 S. TUTTLE AVE.</u> <u>SUITE 110</u> <u>SARASOTA,FL 34237</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DT</u>	<u>CRAMER,THOMAS</u>	<u>800 S. OSPREY AVE.</u> <u>SARASOTA,FL 34236</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: NAME- 04/12, STERN - 10/11, COLLINS - 04/12, BERGE-11/12,- CRAMER-04/12

Effective date if applicable: 1/4/2013  
(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

01/14/13

Signature

Tony McEachern

(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)

**TONY MCEACHERN**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)