

N110000002123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected document
by filer can
TR 10-3-12

Office Use Only



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09/07/12--01008--005 **35.00

Amens

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT -2 AM 10:33

OCT 03 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2012

CHANTAL ANDREW
SSHGA
5454 SW 121 TERRACE
OCALA, FL 34481-5645

SUBJECT: SUNSHINE STATE HERDING GROUP ASSOCIATION INC.
Ref. Number: N11000002123

We have received your document for SUNSHINE STATE HERDING GROUP ASSOCIATION 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):

It appears that you completed the wrong form. If you are changing officers/directors, the amendment form is the proper form to use.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tina Roberts
Regulatory Specialist II

Letter Number: 712A00022949

RECEIVED

12 OCT -2 AM 11:11

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

*Already sent
\$35.00 with
original applications.
certified.*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SUNSHINE STATE HERBING GROUP ASSOCIATION INC.

DOCUMENT NUMBER: N 11000002123

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

Please return all correspondence concerning this matter to the following:

CHANTAL ANDREW

(Name of Contact Person)

S.S.H.G.A.

(Firm/ Company)

5454 SW 121 TERRACE

(Address)

OCALA, FL 34481

(City/ State and Zip Code)

CHANIAM C. ATT.NET

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

For further information concerning this matter, please call:

MELANIE WILLIAMS

(Name of Contact Person)

at (352)

324-2105

(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

Articles of Amendment
to
Articles of Incorporation
of

SUNSHINE STATE HERDING GROUP Association INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N 11000002123

(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:

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:

(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

FILED
SECRETARY OF CORPORATIONS
OCT - 2 AM 10:34
The new
"Inc."

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	<u>PRES</u>	<u>EDY DYKSTRA-BLUM</u>	<u>12177 SW 54 LANE RD</u>
<input type="checkbox"/> Add			<u>OCALA FL</u>
<input checked="" type="checkbox"/> Remove			<u>34481</u>

2) <input type="checkbox"/> Change	<u>PRES</u>	<u>MELANIE WILLIAMS</u>	<u>23710 SR 19</u>
<input checked="" type="checkbox"/> Add			<u>HOWEY IN THE HILLS</u>
<input type="checkbox"/> Remove			<u>FL. 34737</u>

3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

6) <input type="checkbox"/> Change	_____	_____	_____
<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)

No changes

The date of each amendment(s) adoption: _____

9-24-12

Effective date if applicable: _____

n/a

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

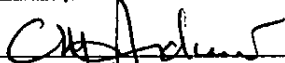
☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ 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

9/24/12

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)

CAPITAL M. ANDREW

(Typed or printed name of person signing)

TREASURER

(Title of person signing)