

N 11000002486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

C. GOLDEN

DEC 15 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLORIDA MUFON, INC

DOCUMENT NUMBER: N 11 00000 2486

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

Please return all correspondence concerning this matter to the following:

DINAH LECHNER

(Name of Contact Person)

FLORIDA MUFON, INC

(Firm/ Company)

PO Box 250

(Address)

FT. MCCOY FL 32134

(City/ State and Zip Code)

LECHNERMUFON@aol.com

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

For further information concerning this matter, please call:

DINAH LECHNER

(Name of Contact Person)

at 352 546 3005

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2017

DINAH LECHNER
POST OFFICE BOX 250
FORT MCCOY, FL 32134

SUBJECT: FLORIDA MUFON, INC.
Ref. Number: N11000002486

We have received your document 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 failed to make the correction(s) requested in our previous letter.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The date of adoption of each amendment must be included in the document.

- ✓ Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).
- ✓ The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.
- ✓ The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 317A00023987

17 DEC 1 2017
DIVISION OF
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2017

DINAH LECHNER
POST OFFICE BOX 250
FORT MCCOY, FL 32134

SUBJECT: FLORIDA MUFON, INC.
Ref. Number: N11000002486

We have received your document 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 217A00021603

RECEIVED
17 NOV 27 PM 2:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

2017 DEC 14 AM 11:50

Florida Mufon Inc

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

N 11 00000 2486

(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:

N/A

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)

15325 NE 233rd St

Fort McCoy FL 32134

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 250

Fort McCoy FL 32134

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:

DINAH LECHNER

15325 NE 233rd St

(Florida street address)

New Registered Office Address:

FORT MCCOY

(City)

Florida

32134

(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.

Dinah Lechner

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 checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>P</u>	<u>D, NTH Lechner</u>	<u>PO Box 250</u> <u>Ft. McCoy FI 32134</u>
2) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Morgan Beall</u>	<u>12561 Eagle Point Circle</u> <u>Fort Myers FI 33913</u>
3) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>VP</u>	<u>John Gagnon</u>	<u>782 Merrimac St SE</u> <u>Palm Bay FI 32909</u>
4) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Theresa A Lyng</u>	<u>8225 Fishhawk Ave</u> <u>New Port Richey #1</u> <u>34653</u>
5) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>T</u>	<u>Tom Branham</u>	<u>2912 Circle Ridge Dr</u> <u>Orange Park, FI 32065</u>
6) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>D, NTH Lechner</u>	<u>PO Box 250</u> <u>Fort McCoy FI 32134</u>
7) <input checked="" type="checkbox"/> change <input checked="" type="checkbox"/> add ____ Remove	<u>D</u>	<u>William Schroeder</u>	<u>4747 Zodiac Ave</u> <u>Holiday, FI 34690</u>

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: N/A, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12-11-2017

Signature Dinah Lechner
(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)

DINAH LECHNER

(Typed or printed name of person signing)

President - Florida MUFON, Inc

(Title of person signing)