

N11 00000063414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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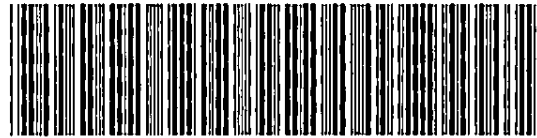
(Business Entity Name)

(Document Number)

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*Amend*

10/22/21--01015--018 \*\*85.00

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2021 NOV -3 AM 8:20

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CLERK OF SUPERIOR COURT  
JULY 14 2021

A. RAMSEY

NOV 04 2021

## COVER LETTER

TO: Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CHRISTMAS WITH A DEPUTY, INC.

DOCUMENT NUMBER: N11000006847

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

Please return all correspondence concerning this matter to the following:

LARRY JONES

(Name of Contact Person)

CHRISTMAS WITH A DEPUTY INC

(Firm/ Company)

PO BOX 1954

(Address)

BUNNELL, FL. 32110

(City/ State and Zip Code)

LDJONES1234@GMAIL.COM

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

For further information concerning this matter, please call:

LARRY JONES

386

931-5876

42E

(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:

☒ \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Christmas with a Deputy, Inc.

DOCUMENT NUMBER: N11000006847

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

Please return all correspondence concerning this matter to the following:

Larry Jones  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

Post Office Box 1954  
(Address)

Bunnell, FL 32110  
(City/ State and Zip Code)

LDJones1234@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Jones at 386 931-5876  
(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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

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Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2021 NOV -3 AM 8:20

SECRETARY OF STATE  
FLORIDA  
TALLAHASSEE, FL 32399

Christmas with a Deputy, Inc.

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

NI1000006847

(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)

139 Red Mill Drive, Palm Coast, FL 32164

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Post Office Box 1954, Bunnell, FL 32110

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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	D	Kathy Vazquez	Post Office Box 1954 Bunnell, FL 32110
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	VP	Civil Alita	Post Office Box 1954 Bunnell, FL 32110
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add	P	Lue Miceli	Post Office Box 1954 Bunnell, FL 32110
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add	D	Dan Weaver	Post Office Box 1954 Bunnell, FL 32110
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add	S	Dave Williams	Post Office Box 1954 Bunnell, FL 32110
<input checked="" type="checkbox"/> Remove			

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

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

Change President to Larry Jones Post Office Box 1954, Bunnell, FL 32110

Change Vice President to Kimberly Hale Post Office Box 1954, Bunnell, FL 32110

Change Treasurer to Larry Jones Post Office Box 1954, Bunnell, FL 32110

Change Director to Caroline McNeil Post Office Box 1954, Bunnell, FL 32110

**☑** 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 Nov 3, 2021

Signature *Larry Jones*

(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)

Larry Jones

(Typed or printed name of person signing)

President/Treasurer

(Title of person signing)