

N110000011691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

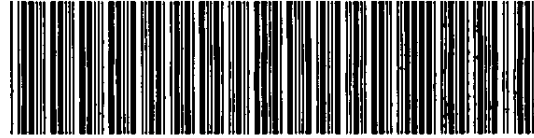
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/03/16--01012--007 **35.00

FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 31 PM 1:12

JUN - 1 2016
C McNAIR

MAY 05 2016
C McNAIR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2016

CARLO CELICO
17 FERN COURT
PALM COAST, FL 32137

SUBJECT: FRANK CELICO MEMORIAL FOUNDATION INC.
Ref. Number: N11000011691

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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 416A00009455

RECEIVED
16 MAY 31 PM 4:06
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DONE!
Supply for incorporation

16 MAY 31 PM 4:12
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 31 PM 1:10

TO: Amendment Section
Division of Corporations

Frank Celico Memorial Foundation

NAME OF CORPORATION:

DOCUMENT NUMBER:

N110000011691

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

Please return all correspondence concerning this matter to the following:

Carlo Celico

(Name of Contact Person)

(Firm/ Company)

17 Fern Court

(Address)

Palm Coast, FL 32137

(City/ State and Zip Code)

Ric@RicGiumenta.com

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

For further information concerning this matter, please call:

Ric Giumenta

386

246-3131

at

(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 &
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

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:

☒ Change

☒ Remove

☒ Add

Type of Action
(Check One)

Title

Name

Address

S

Ken Doop

106 Freeport Lane

1) ☐ Change

☐ Add

☒ Remove

2) ☐ Change

☒ X

☐ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

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 is no text or other markings on the paper.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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

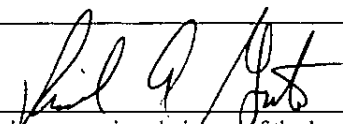
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

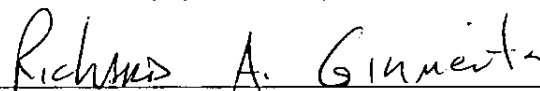
Adoption of Amendment(s) (CHECK ONE)

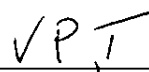
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ 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 April 26, 2016 _____

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)

 _____
(Typed or printed name of person signing)

 _____
(Title of person signing)