

**N12-000009731**

\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

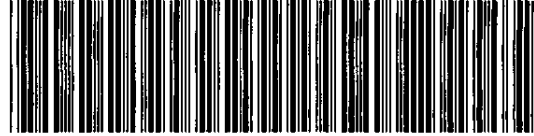
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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JUL 01 2016

C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Adopt An All American Family Corp

**DOCUMENT NUMBER:** N12000009731

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

Please return all correspondence concerning this matter to the following:

Clarence B. Durrance

\_\_\_\_\_  
(Name of Contact Person)

Adopt An All American Family Corp

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

P.O. Box 1411

\_\_\_\_\_  
(Address)

Mulberry FL 33860-1411

\_\_\_\_\_  
(City/ State and Zip Code)

Adoptanallamericanfamily@gmail.com

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

For further information concerning this matter, please call:

Laura A. Parrish

(863)

698-9064

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 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 checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Adopt An All American Family Corp

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

N12000009731

(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**)

1525 N. CHURCH AVE.

MULBERRY FL 33860

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 1411

Mulberry FL 33860-1411

**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:

N/A

New Registered Office Address:

(Florida street address)

N/A

, Florida

(City)

(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.

N/A

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><br>(Check One)                                                                             | <u>Title</u> | <u>Name</u>                  | <u>Address</u>                                         |
|------------------------------------------------------------------------------------------------------------------|--------------|------------------------------|--------------------------------------------------------|
| 1) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>PD</u>    | <u>CLARENCE B DURRANCE</u>   | <u>5950 ROBBINS ROAD</u><br><u>LAKELAND FL 33810</u>   |
| 2) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>VD</u>    | <u>JOEL R PARRISH</u>        | <u>1803 HOLLY ROAD</u><br><u>LAKELAND FL 33801</u>     |
| 3) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>S</u>     | <u>LAURA A PARRISH</u>       | <u>1803 HOLLY ROAD</u><br><u>LAKELAND FL 33801</u>     |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>TD</u>    | <u>STEVE BUIS</u>            | <u>6346 BEECHNUT DRIVE</u><br><u>LAKELAND FL 33813</u> |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>     | <u>DENNIS C. TOWNSEND</u>    | <u>3732 TIGEREYE COURT</u><br><u>MULBERRY FL 33860</u> |
| 6) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>D</u>     | <u>JOHN MICHAEL SHANAHAN</u> | <u>4905 MALIBU COURT</u><br><u>LAKELAND FL 33811</u>   |

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

The organization is amending Article III to read as follows:

- To provide charitable services to families with children and military veterans in financial need. Specifically, this organization provides food, clothing and other necessary material goods to such families and military veterans.

A primary focus of this organization is to provide financial assistance to said families during the holiday seasons.

Furthermore, this organization is organized exclusively for charitable purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding Section of any future federal tax code.

The organization is adding an Article IV, An Article of Dissolution-

- Upon dissolution, all financial aid and material goods acquired shall be distributed fully to a qualified family or families or military veteran pursuant to the organizations charitable purpose as described above. Therefore, upon dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meanings of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

To accomodate Article IV into the Article of Incorporation, the numbering of the other articles shall be adjusted accordingly. E.g. the Article dictating the manner in which directors are elected shall now be Article V, and the Articles thereafter shall follow in number (e.g. VI, VII, VIII and VIII).

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

Effective date if applicable: N/A  
(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 6-21-2016

Signature Clarence B. Durrance  
(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)

Clarence B. Durrance

(Typed or printed name of person signing)

President/Director

(Title of person signing)