

N14000003292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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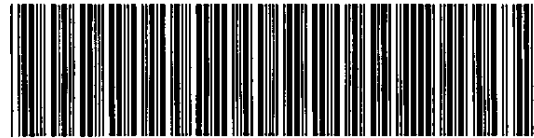
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 SEP 19 PM 2:17

SEP 22 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FSLWC CORPORATION

DOCUMENT NUMBER: N14000003292

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

Please return all correspondence concerning this matter to the following:

CLARENCE J. JOHNS SR

(Name of Contact Person)

FSLWC CORPORATION

(Firm/ Company)

18310 EASTWYCK DR

(Address)

TAMPA FLORIDA, 33647

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

LISA JOHNS

813

383-8410

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:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
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☒ \$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

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Articles of Amendment
 to
 Articles of Incorporation
 of

The FSLWC Corporation

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

N14000003292

(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)

12318 OLIVE JONES RD

TAMPA FLORIDA 33625

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12318 OLIVE JONES RD

TAMPA FLORIDA 33625

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:

LISA WALSON

12318 OLIVE JONES RD, TAMPA FL, 33625

(Florida street address)

New Registered Office Address:

TAMPA

(City)

, Florida 33625

(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 | <u>PT</u> | <u>John Doe</u> |
| <input type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input 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 type="checkbox"/> Change | <u>PD</u> | <u>KENNETH WATERS</u> | <u>215 GRAND CENTRAL ave. #906</u> |
| <input type="checkbox"/> Add | | | <u>TAMPA FL, 33647</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>PT</u> | <u>LISA WALSON</u> | <u>12318 OLIVE JONES RD</u> |
| <input checked="" type="checkbox"/> Add | | | <u>TAMPA FL, 33625</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>D</u> | <u>CLARENCE J JOHNS SR.</u> | <u>18310 EASTWYCK DR</u> |
| <input type="checkbox"/> Add | | | <u>TAMPA FL, 33647</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u>T</u> | <u>LISA ROSS JOHNS</u> | <u>18310 EASTWYCK DR</u> |
| <input type="checkbox"/> Add | | | <u>TAMPA FL, 33647</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | <u>D</u> | <u>FERDIE WILSON</u> | <u>12318 OLIVE JONES RD</u> |
| <input checked="" type="checkbox"/> Add | | | <u>TAMPA FL, 33625</u> |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | <u>D</u> | <u>ASHLEY RAYBOURNE</u> | <u>18310 EASTWYCK DR</u> |
| <input type="checkbox"/> Add | | | <u>TAMPA FL, 33647</u> |
| <input checked="" type="checkbox"/> 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 are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: _____
date this document was signed.

09/07/2016

2016 SEP 19 PM 2:17

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 09/07/2016

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)

CLARENCE J JOHNS SR.

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)