

71400005887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

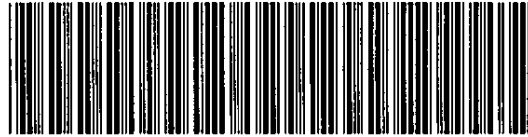
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000274328480

000274328480
06/29/15--01026--001 **35.00

FILED
15 JUL 14 AM 7:10
STATE
TREASURY

[Signature]

T. LEMIEUX

JUL 15 2015

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Rubin Anderson for Governor 2018, Inc

DOCUMENT NUMBER: N14000005887

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

Please return all correspondence concerning this matter to the following:

Rubin Anderson
(Name of Contact Person)

Rubin Anderson for Palm Beach County Commission District 7, Inc
(Firm/ Company)

515 South Aequoia Drive, #103
(Address)

West Palm Beach, FL 33409
(City/ State and Zip Code)

rubin4pbcc7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rubin Anderson at 561-234-9488
(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) |
|---|--|---|--|

RECEIVED
JUL 14 PM 4:34
MAIL ROOM
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

July 7, 2015

RUBIN ANDERSON
515 S SEQUOIA DR #103
W PALM BEACH, FL 33409

SUBJECT: RUBIN ANDERSON FOR GOVERNOR 2018, INC
Ref. Number: N14000005887

We have received your document for RUBIN ANDERSON FOR GOVERNOR 2018, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have a officer or director sign the document.

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

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 515A00014087

Articles of Amendment
to
Articles of Incorporation
of

Rubin Anderson for Governor 2018, Inc

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

N14000005887

(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:

Rubin Anderson for County Commission District 7, Inc

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)

515 South Sequoia Dr. #103

West Palm Beach, FL 33409

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

515 South Sequoia Dr. #103

West Palm Beach, FL 33409

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:

New Registered Office Address:

(Florida street 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

FILED
15 JUL 14 AM 7:10
CLERK OF STATE
TALLAHASSEE, FL

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 type="checkbox"/> Change	<u>VT</u>	<u>Rachel N. Judd</u>	<u>1301 Henrietta Avenue #9</u>
<input type="checkbox"/> Add			<u>West Palm Beach, FL 33401</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>VT</u>	<u>Constance Sutton</u>	<u>1301 Henrietta Avenue #9</u>
<input type="checkbox"/> Add			<u>West Palm Beach, FL 33401</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>Charice L. Williams</u>	<u>147 Bilbao Street</u>
<input checked="" type="checkbox"/> Add			<u>Royal Palm Beach, FL 33411</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input 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: _____, 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.

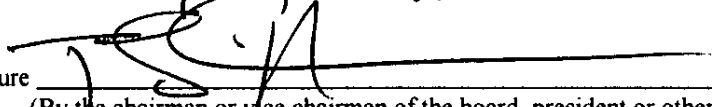
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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

July 7, 2015

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)

Robin Anderson

(Typed or printed name of person signing)

President

(Title of person signing)