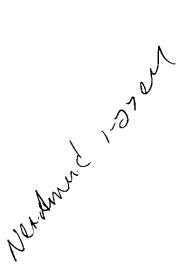
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| (Requestor's Name) | | |
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11/04/15--01013--005 **35.00



COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: FRIENDS OF PELICAN ISLAND RÉGIGIÉ, INC | | | | |
|--|--|--|--|--|
| DOCUMENT NUMBER: N14 0000 1010C | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| | | | | |
| Name of Contact Person | | | | |
| Name of Confact Person | | | | |
| Firm/ Company | | | | |
| · · | | | | |
| Address | | | | |
| 667 BONE DICTINE TERRICE Address SCBASTIAN FL 32958 City/ State and Zip Code | | | | |
| City/ State and Zip Code | | | | |
| Dougla & FISINGERSON, NOT | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| | | | | |
| For further information concerning this matter, please call: | | | | |
| DAVID REISINGER at (772) 413 8919 | | | | |
| Name of Contact Person at (772) 413 8919 Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | |
| \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) | | | | |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | | | | |



November 5, 2015

DAVID REISINGER 667 BENEDICTINE TERRRACE SEBASTIAN, FL 32958

SUBJECT: FRIENDS OF PELICAN ISLAND REFUGE INC.

Ref. Number: N14000010106

We have received your document for FRIENDS OF PELICAN ISLAND REFUGE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Letter Number: 115A00023486

Carol Mustain Regulatory Specialist II

www.sunbiz.org



December 2, 2015

DAVID REISINGER 667 BENEDICTINE TERRRACE SEBASTIAN, FL 32958

SUBJECT: FRIENDS OF PELICAN ISLAND REFUGE INC.

Ref. Number: N14000010106

We have received your document for FRIENDS OF PELICAN ISLAND REFUGE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 605.0206, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

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.

Letter Number: 115A00023486

Carol Mustain Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

; FRIENDS OF PELICAN ISLAND REFUGE, INC.

| · · · · · · · · · · · · · · · · · · · | rrently filed with the Florida D | ept. of State) |
|--|---|--------------------------------------|
| N14000010106 | | |
| (Document N | umber of Corporation (if known) | |
| ursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation: | atutes, this <i>Florida Not For Pro</i> j | fit Corporation adopts the following |
| . If amending name, enter the new name of the corpo | oration: | |
| FRIENDS OF PELICAN ISLAND NATIONAL WILDL | IFE REFUGE, INC. | The new |
| ame must be distinguishable and contain the word "corp | poration" or "incorporated" or i | |
| Company" or "Co," may not be used in the name. Enter new principal office address, if applicable: | 7434 WILLOW WOOD L | ANE |
| Principal office address <u>MUST BE A STREET ADDRE</u> | VERO BEACH, FL 32966 | ~? |
| | | |
| | | |
| . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 667 BENEDICTINE TER | RACE |
| | SEBASTIAN, FL 32958 | |
| | | <u> </u> |
| 16 | -0°11173114 | |
| . If amending the registered agent and/or registered new registered agent and/or the new registered offi | | the name of the |
| N/A <u>Name of New Registered Agent:</u> | | |
| | (Florida s | treet address) |
| New Registered Office Address: | | |
| N/A | | . Florida |
| | (City) | (Zip Code) |
| ew Registered Agent's Signature, if changing Registe | ered Agent: | |
| hereby accept the appointment as registered agent. I ar | | bligations of the position. |
| | | |
| | | |
| | Signature of New Registered A | 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: X Change X Remove X Add | <u>V</u> <u>Mike</u> | Doe e Jones / Smith | |
|----------------------------------|----------------------|---------------------------|-------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| X Change | VP | LAMPIASI, JACK | 942 FULTON WAY |
| Add | | | SEBASTIAN, FL 32958 |
| Remove | | | |
| X 2) Change | <u>s</u> | BELL, MARILEE B. | 7434 WILLOW WOOD WAY |
| Add | | | VERO BEACH, FL 32966 |
| Remove | Т | REISINGER, DAVID | 667 BENEDICTINE TERRACE |
| 3) Change X Add | | | SEBASTIAN, FL 32958 |
| Remove | | | |
| 4) Change | D | DAWDY, STEVE | P.O. BOX 495 |
| X Add | | | GRANT, FL 32949 |
| Remove | | | |
| 5) Change | D | DAWDY, SANDEE | P.O. BOX 495 |
| X Add | | | GRANT, FL 32949 |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here (attach_additional sheets, if necessary). (Be specific) | | | |
|--|--|--|--|
| N/A; | | | |
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| The date of each amendment(s) date this document was signed. | adoption: October 28, Post | , if other than the |
|---|--|---|
| Effective date if applicable: | OCTOBER 28, 20,5 | |
| • | (no more than 90 days after amendment file date) | *** |
| Note: If the date inserted in this document's effective date on the | block does not meet the applicable statutory filing requiremed Department of State's records. | ents, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were was/were sufficient for appro | adopted by the members and the number of votes cast for thoval. | he amendment(s) |
| There are no members or me adopted by the board of dire | embers entitled to vote on the amendment(s). The amendment ectors. | nt(s) was/were |
| Dated | 11/18/15 | |
| Signature | arman or vice chairman of the board, president or other offi | loar if directors |
| have not | been selected, by an incorporator – if in the hands of a receir rt appointed fiduciary by that fiduciary) | |
| | (Typed or printed name of person signing) | |
| | (Typed or printed name of person signing) |) |
| | PERSULAN | |
| | (Title of person signing) | |