

N15000005114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

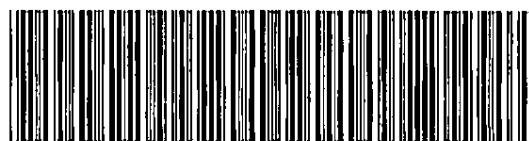
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2018 SEP 17 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FL

C GOLDEN

SEP 19 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MARION COUNTY COALITION FOR HEALTH AND MEDICAL PREPAREDNESS INC.

DOCUMENT NUMBER: N15000005114

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

Please return all correspondence concerning this matter to the following:

Rodney K. Mascho

(Name of Contact Person)

MARION COUNTY COALITION FOR HEALTH AND MEDICAL PREPAREDNESS INC.

(Firm/ Company)

692 N.W. 30TH AVE; ATTN Emergency Management (CHAMP)

(Address)

OCALA, FL 34475

(City/ State and Zip Code)

rodney.mascho@marioncountyfl.org

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

For further information concerning this matter, please call:

Rodney K. Mascho

352

502-6999

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2018

RODNEY K. MASCHO
ATTN: EMERGENCY MANAGEMENT (CHAMP)
692 N.W. 30TH AVENUE
OCALA, FL 34475

SUBJECT: MARION COUNTY COALITION FOR HEALTH AND MEDICAL
PREPAREDNESS INC.
Ref. Number: N15000005114

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):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 718A00017998

RECEIVED
13 SEP 17 AM 11:19
SECRETARY OF STATE
LAHASSER

Articles of Amendment
to
Articles of Incorporation
of

FILED

MARION COUNTY COALITION FOR HEALTH AND MEDICAL PREPAREDNESS INC.

2018 SEP 17 AM 10: 58

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

N15000005114

SECRETARY OF STATE
TALLAHASSEE, FL

(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)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: Rodney K. Mascho

New Registered Office Address: _____
(Florida street address)

_____, 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.

Rodney K. Mascho
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> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>C</u>	<u>Alsup, Michael</u>	<u>3001 NE 21st St.</u>
<input type="checkbox"/> Add			<u>Ocala, FL 34470</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>C</u>	<u>Storlie, Sheila</u>	<u>1801 SE 32ND AVE</u>
<input type="checkbox"/> Add			<u>OCALA, FL 34471</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>TRES</u>	<u>Stefanski, Pat</u>	<u>692 NW 30th Ave</u>
<input type="checkbox"/> Add			<u>Atten Emergency Mgmt</u>
<input checked="" type="checkbox"/> Remove			<u>OCALA, FL 34475</u>
4) <input type="checkbox"/> Change	<u>S/T</u>	<u>Mascho, Rodney K.</u>	<u>2631 SE 3rd ST</u>
<input checked="" type="checkbox"/> Add			<u>Ocala, FL 34471</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>VC</u>	<u>Diann Jacobs</u>	<u>1500 SW 1st AVE</u>
<input checked="" type="checkbox"/> Add			<u>Ocala, FL 34471</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

06/28/2018

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

07/01/2018

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.

09/12/2018

Dated _____

Signature Sheila Storlie

(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)

Sheila Storlie

(Typed or printed name of person signing)

Chairman

(Title of person signing)