

N150000006361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

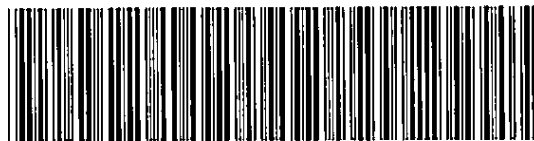
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 JUL -1 PM 1:41

07/02/21--01001--017 **35.00

2021 JUL -1 PM 3:48

Anne

JUL 02 2021
ALBRITTON

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

I. S.W. FLORIDA HEROES FOUNDATION, INC. N15000006361
(Business Name) Document #

☐ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait _____
☐ Photocopy

☐ Certified Copy (please stamp each page)

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ CORP

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTIL () _____
Country

AMMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: 16

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: S.W. FLORIDA HEROES FOUNDATION, INC.

DOCUMENT NUMBER: N15000006361

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

Please return all correspondence concerning this matter to the following:

Michael A. Scott, Esq.

(Name of Contact Person)

The Dorcey Law Firm, P.L.C.

(Firm/ Company)

10181 Six Mile Cypress Parkway, Suite C

(Address)

Fort Myers, FL 33966

(City/ State and Zip Code)

mike@dorceylaw.com

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

For further information concerning this matter, please call:

Michael A Scott

239

418-0169

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

S.W. FLORIDA HEROES FOUNDATION, INC.

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

N15000006361

(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)

10181 Six Mile Cypress Parkway, Suite C

Fort Myers, FL 33966

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 1631

LaBelle, FL 33975

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:

DLF Registered Agent Service, LLC

10181 Six Mile Cypress Parkway, Suite C

(Florida street address)

New Registered Office Address:

Fort Myers

(City)

Florida 33966

(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.

DocuSigned by:

Michael A Scott

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>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Pres</u>	<u>Michael Thompson</u>	<u>3507 Lee Blvd.</u> <u>#242</u> <u>Lehigh Acres, FL 33971</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Treas</u>	<u>Maranda Meloy</u>	<u>507 Lee Blvd.</u> <u>#242</u> <u>Lehigh Acres, FL 33971</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Sec</u>	<u>Ashlynn Super</u>	<u>5811 Coporation Circle</u> <u>Fort Myers, FL 33905</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Dir</u>	<u>Eli Mendes</u>	<u>9451 Workmen Way</u> <u>Fort Myers, FL 33905</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>PJ Crews</u>	<u>PO Box 1631</u> <u>LaBelle, FL 33975</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VPD</u>	<u>Tony Barnes</u>	<u>PO Box 1631</u> <u>LaBelle, FL 33975</u>

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

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

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:

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Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SD</u>	<u>Cory Raborn</u>	<u>PO Box 1631</u> <u>LaBelle, FL 33975</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TD</u>	<u>Tuesday Tritt</u>	<u>PO Box 1631</u> <u>LaBelle, FL 33975</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Michael A Scott</u>	<u>PO Box 1631</u> <u>LaBelle, FL 33975</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Ken Sposato</u>	<u>PO Box 1631</u> <u>LaBelle, FL 33975</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>

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

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

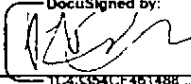
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

DocuSign Envelope ID: 9F2EC38C-2221-4E9B-B5EB-9CF9BEDF164A

☒ 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 7/1/2021

Signature  DocuSigned by:
TC4354CF461488

(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)

PJ Crews

(Typed or printed name of person signing)

President

(Title of person signing)