

NIS000006361

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(City/State/Zip/Phone #)

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(Business Entity Name)

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Certificates of Status _____

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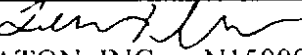
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2022 FEB 17 AM 10:13
CLERK OF STATE
TALLAHASSEE, FL

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2022 FEB 17 PM 12:55
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TALLAHASSEE, FL

Y SULKER

FEB 18 2022

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

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$35.00
AUTHORIZATION SIGNATURE: 
S.W. FLORIDA HEROES FOUNDATION, INC. N15000006361

Business Name

Document Number, (if known):

☐ Walk in ☐ Pick up time ☐

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Organization

☐ Certificate of Status

NEW FILINGS

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

AMMENDMENTS

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

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTIL ()
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Statement of Revocation of Dissolution
☐ Other

EXAMINER'S INITIALS: _____

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, PLC

(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, Esq

239

4180169

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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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)

_____, 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.

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TD</u>	<u>Tuesday Tritt</u>	<u>5365 River Blossom Lane</u> <u>LaBelle, FL 33935</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>PD</u>	<u>PJ Crews</u>	<u>10181 Six Mile Cypress Parkway</u> <u>Suite C</u>
<input checked="" type="checkbox"/> Remove 3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>Patrick J. Crews</u>	<u>Fort Myers, FL 33966</u> <u>2732 Frontier Circle</u> <u>LaBelle, FL 33935</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VPD</u>	<u>Tony Barnes</u>	<u>3800 County Road 78</u> <u>LaBelle, FL 33935</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>SD</u>	<u>Cory Raborn</u>	<u>2130 CJ Lane</u> <u>Fort Denaud, FL 33935</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Kenneth Sposato</u>	<u>4300 Ft Denaud Rd</u> <u>LaBelle, FL 33935</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)

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

DocuSigned by:

 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)

(Typed or printed name of person signing)

(Title of person signing)