

N15 000009192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

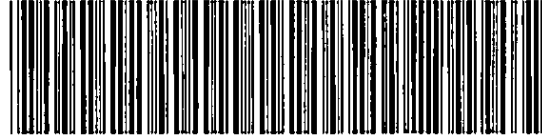
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

2/16/21

Special Instructions to Filing Officer:

Office Use Only



200356540272 ✓

12/21/20--01002--011 \*\*25.00

03/08/21--01006--001 \*\*10.00

2021 FEB 15 11:08:07

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2021

ANGELA C DUNCAN  
6320 S DALE MABRY HIGHWAY  
TAMPA, FL 33611

SUBJECT: THE DUNCAN DUO FOUNDATION INC  
Ref. Number: N15000009192

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s). There is an additional filing fee of \$10.00 still due.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 421A00002574

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: The Duncan Duo Foundation Inc

DOCUMENT NUMBER: N15000009192

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

Please return all correspondence concerning this matter to the following:

Angela C Duncan  
(Name of Contact Person)

The Duncan Duo Foundation Inc  
(Firm/ Company)

6320 S Dale Mabry Highway  
(Address)

Tampa FL 33611  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Angela Duncan at 813-359-8990  
(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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

The Duncan Duo Foundation Inc.

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

15000009192

(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: \_\_\_\_\_

(Florida street address)

New Registered Office 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

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) ☒ Change  
☒ Add

S

Robert Johnson

6320 S Dale Mabry  
Tampa, FL 33611

☐ Remove

2) ☐ Change  
☐ Add

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Remove

3) ☐ Change  
☐ Add  
☐ Remove

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) ☐ Change  
☐ Add

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Remove

5) ☐ Change  
☐ Add

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Remove

6) ☐ Change  
☐ Add

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Remove

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

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

---

---

---

---

---

---

---

---

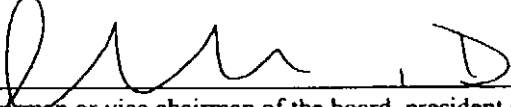
☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ 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

2/8/2021

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)

Angela C Duncan

(Typed or printed name of person signing)

Director

(Title of person signing)