

N16 0000Z150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

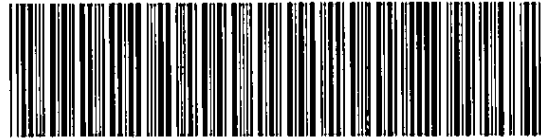
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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OFFICE OF STATE
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D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

FRIENDS OF CCMD

NAME OF CORPORATION: _____

N16000002180

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

RICHARD H BRIDGES

(Name of Contact Person)

FRIENDS OF CCMD

(Firm/ Company)

1701 PARK FOREST BOULEVARD

(Address)

MOUNT DORA, FLORIDA 32757

(City/ State and Zip Code)

RBRIDGES1701@COMCAST.NET

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

For further information concerning this matter, please call:

RICHARD BRIDGES

352

735-2753

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:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

Already Paid

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

November 6, 2019

RICHARD H BRIDGES
FRIENDS OF CCMD, INC
1701 PARK FOREST BLVD
MOUNT DORA, FL 32757

SUBJECT: FRIENDS OF CCMD, INC.
Ref. Number: N16000002180

We have received your document for FRIENDS OF CCMD, 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 submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 519A00022999

Articles of Amendment
to
Articles of Incorporation
of

FRIENDS OF CCMD, INC.

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

N16000002180

(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.

RICHARD H. BRIDGES

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1701 PARK FOREST BOULEVARD

MOUNT DORA, FLORIDA 32757

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

RICHARD H. BRIDGES

1701 PARK FOREST BOULEVARD

MOUNT DORA, FLORIDA 32757

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:

RICHARD H. BRIDGES

Name of New Registered Agent:

1701 PARK FOREST BOULEVARD

(Florida street address)

New Registered Office Address:

MOUNT DORA

32757

, 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 type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input 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	<u>T</u>	<u>NORMAN WAGNER</u>	<u>8022 SAINT ANDREWS WAY</u>
<input type="checkbox"/> Add			<u>MOUNT DORA, FL 32757</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>RICHARD H BRIDGES</u>	<u>1701 PARK FOREST BLVD.</u>
<input type="checkbox"/> Add			<u>MOUNT DORA, FL 32757</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

[illegible]

10/14/19

The date of each amendment(s) adoption: _____, if other than the date this document was signed. 10/14/19

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.

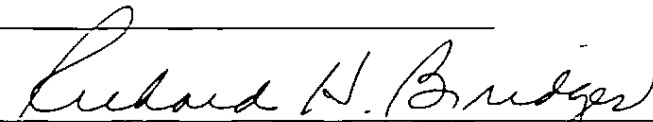
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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.

11/18/19

Dated

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)

RICHARD H. BRIDGES

(Typed or printed name of person signing)

VICE-PRESIDENT and TREASURER

(Title of person signing)