

N16 000000 2180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

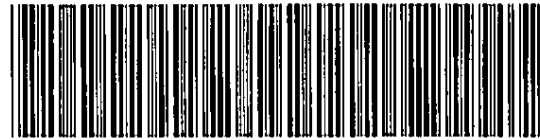
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

FRIENDS OF CCMD, INC.

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, INC.

(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 H. BRIDGES

325

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)

*CHECK SENT
AND CASHED*

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



2020 OCT 15 11:51
FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2020

RICHARD H. BRIDGES
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 \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 020A00020391

Articles of Amendment
to
Articles of Incorporation
of

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

FRIENDS OF CCMD, INC.

N14000002180

(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.

1701 PARK FOREST BOULEVARD

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

MOUNT DORA, FLORIDA 32757

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

(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.

Richard H. Bridges

Signature of New Registered Agent, if changing

2020

7:08:10

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:

<u>X</u> Change	PT	John Doe
<u>X</u> Remove	V	Mike Jones
<u>X</u> Add	SV	Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change ___ Add ___ Remove	<u>PT</u>	<u>BRIDGES, RICHARD H.</u>	<u>1701 PARK FOREST BOULEVARD</u> <u>MOUNT DORA, FL. 32757</u>
2) ___ Change ___ Add	<u>P</u>	<u>WAGNER, NORMAN</u>	<u>8022 SAINT ANDREWS WAY</u> <u>MOUNT DORA, FL. 32757</u>
<u>X</u> Remove 3) <u>X</u> Change ___ Add ___ Remove	<u>VP, S</u>	<u>BUSH, MONICA</u>	<u>5014 GREENBRIAR TRAIL</u> <u>MOUNT DORA, FLORIDA, 32757</u>
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 date of each amendment(s) adoption: _____, if other than the date this document was signed.

OCTOBER 2, 2020

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.

OCTOBER 30, 2020

Dated _____

Signature _____

Richard W. Bridges, President
(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)

PRESIDENT, FRIENDS OF CCMD, INC.

(Title of person signing)