

N 16 000010333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

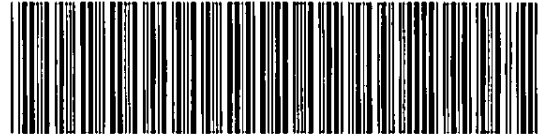
(Business Entity Name)

(Document Number)

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17 AUG 29 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*  
*9/11/17*  
*DC*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2017

PATRICIA MARSEILLE  
1250 MASON TERRACE #304  
DAVENPORT, FL 33896

SUBJECT: SISTERHOOD OF THE TRAVELING CROWNS, INC.  
Ref. Number: N16000010333

We have received your document for SISTERHOOD OF THE TRAVELING CROWNS, 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 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.

Valerie Herring  
Regulatory Specialist III

Letter Number: 717A00010027

17 AUG 29 3:51  
DIVISION OF CORPORATIONS  
REGULATORY SPECIALIST  
VALERIE HERRING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Sisterhood of the Traveling Crowns, Inc.

DOCUMENT NUMBER: N16000010333

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

Please return all correspondence concerning this matter to the following:

Patricia Marseille  
\_\_\_\_\_  
(Name of Contact Person)

Sisterhood of the Traveling Crowns, Inc.  
\_\_\_\_\_  
(Firm/ Company)

1250 Mason Terrace #304  
\_\_\_\_\_  
(Address)

Davenport, FL 33896  
\_\_\_\_\_  
(City/ State and Zip Code)

stc.echoes@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shalayne Villegas  
\_\_\_\_\_  
(Name of Contact Person) at 407-507-1268  
(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 &<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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
17 AUG 29 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Sisterhood of the Traveling Crowns, Inc.

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

N16000010333

(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:**

N/A

*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:**

N/A

*(Principal office address **MUST BE A STREET ADDRESS**)*

**C. Enter new mailing address, if applicable:**

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

PO BOX 52

Loughman, FL

33858-0052

**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:

N/A

*(Florida street address)*

New Registered Office Address:

N/A

*(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*

Page 2 of 4

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: 08/22/2017  
(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.

Dated 8/22/2017 \_\_\_\_\_

Signature Patricia Marseille  
(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)

Patricia Marseille

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)