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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ICI CORPORATION
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
JAMES LAWSON	
(Name	of Contact Person)
BLACKMAN FIRE DISTRICT CORPORATION	
(F)	rm/ Company)
P.O. BOX 279	
	(Address)
BAKER, FL 32531	
(City/ S	State and Zip Code)
BLACKMANFIRE70@GMAIL.COM	
E-mail address: (to be used for futi	ire annual report notification)
For further information concerning this matter, please call:	
LT. MIRANDA SARGENT	850 537-3473
(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:
(Add	25 Filing Fee & S52.50 Filing Fee fied Copy Certificate of Status itional copy is Certified Copy osed) (Additional Copy is Finclosed)

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

BLACKN	IAN F	TRE	DIST	RICT:	CORPO	RTION

(Name of Corporation as currently filed with the Florida	Dept. of State)
N16000012050	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes. this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
BLACKMAN FIRE DISTRICT CORPORATION	
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	The new of "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	1850 HIGHWAY 2
(Principal office address <u>MUST BE A STREET ADDRESS</u>) BAKER, FL 32531
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 279
	BAKER, FL 32531
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ice address in Florida, enter the name of the address:
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered l hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the position.
	ignature 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: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	JAMES L LAWSON	1996 GRADY BAGGETT ROAD BAKER, FL 32531
Remove			
2) Change Add	D	LARRY CUNNINGHAM	7558 RED BARROW ROAD BAKER, FL 32531
Remove 3) Change Add Remove	<u>D</u>	WADE MERRITT	8015 PEACOCK ROAD BAKER, FL 32531
4) Change Add	<u>D</u>	STEVEN DWAYNE LAWSON	1990 GRADY BAGGETT ROAD BAKER, FL 32531
Remove			
5) Change Add	D	STEPHEN LADEL FOUNTAIN	7525 SHERMAN KENNEDY ROA BAKER, FL 32531
× Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh		Articles, enter change(s) here: v). (Be specific)	
N/A			
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The data of the state of		12/07/2023					
The date of each amendment date this document was signed	t(s) adoption: _						, if other than the
date this document was signed							
Effective date if applicable:	12/07/2023						
manufic date it applicable.	(no	more than 90	days after ame	endmant fila d	ata)		
	1112	more man 20	aujo ajier ame	нитені зне и	uie)		
<u>Note:</u> If the date inserted in the document's effective date on t	nis block does n he Department	of meet the ap of State's reco	plicable statuto rds.	ry filing requ	irements, this d	ate will not be	e listed as the
Adoption of Amendment(s)	(<u>C</u>	CHECK ONE	1				
The amendment(s) was/w was/were sufficient for ap	vere adopted by	the members	and the number	of votes cast	for the amenda	nent(s)	

	here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.
	Dated
	Signature Carrier Carrier 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 tiduciary)
	JAMES LAWSON
	(Typed or printed name of person signing)
	REGISTERED AGENT/COMMISSIONER
	(Title of person signing)