## N16000017705

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

<b>★</b> NAME OF CORPORATI	FRATERNAL ORD	ER OF POLICE ST	CLOUD LOD	GE 180 INC.	
DOCUMENT NUMBER:	N16000012205				
The enclosed Articles of An	nendment and fee are subr	mitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
MATTHEW BAKKER					
		(Name of Contact Pe	erson)		
		(Firn/ Company	·)	· · · · · · · · · · · · · · · · · · ·	
4700 NEPTUNE ROAD					
	<del></del>	(Address)			
ST CLOUD, FLORIDA 34	769				
		(City/ State and Zip (	Code)		
MATTHEWBAKKER83@	GMAIL.COM				
F	-mail address: (to be used	for future annual rep	ort notification	n)	
For further information cond	erning this matter, please	call:			
MATTHEW BAKKER		at	321	437-3033 (Daytime Telephone Numb	
, <u>, , , , , , , , , , , , , , , , , , </u>	(Name of Contact Person)	u	(Area Code)	(Daytime Telephone Numb	er)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida [	Department of	State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

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

FRATERNAL ORDER OF POLICE STICLOUD	LODGE 18	80 INC.		
(Name of Corporation as currently filed with th	e Florida D	ept. of State)		
N16000012205				
(Docur	nent Numbe	er of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not</i>	For Profit Corporation a	idopts the following
A. If amending name, enter the new name of th	e corporati	on:		
				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incorpora	ted" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applies			· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET A	DDRESS )			
				7.02
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			<del></del>
				- 1
D. If amending the registered agent and/or regi	stered offic	e address in Florid	la, enter the name of th	<u>د</u> . <u>ت</u>
new registered agent and/or the new register		<del></del>		
Name of New Registered Agent: MATTHEW BAKKER				
	4700 NEP	TUNE ROAD		
	(Florida street address)			
New Registered Office Address:				
	ST CLOU	ID ————————	, Florida	34769
		(City)	(Zip	Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered . t. I am fan	Agent: niliar with and acce	pt the obligations of the p	nosition.
¥		62		
/	` Sig	nature of New Reg	istered Agent, if changing	3

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	PT         John D           V         Mike Jo           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>P</u>	FERNANDO DOMINGUEZ	PO BOX 700634 ST CLOUD, FL 34769
x Remove			
2) Change Add	TR	MARK O CONNOR	PO BOX 700634 ST CLOUD, FL 34769
X Remove Change X Add Remove	<u>T</u>	CLAUDE CAMPBELL	PO BOX 700634 ST CLOUD, FL 34769
4) Change Add	<u>S</u>	AMANDA HENRY	PO BOX 700634 ST CLOUD, FL 34769
Remove  5) Change	TR	LIN BADMAN PATON	PO BOX 700634 ST CLOUD, FL 34769
6) Change Add	<u></u>		
E. If amending or addin (attach additional sheet)	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption: MAY 15, 2020 if other than	n tha
date this document was signed.	n the
date this doctment was signed.	
MAY 15, 2020	
Ellective mate it 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	e.
document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHUCK ONE)	
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 adopted by the board of directors.	) was/were
05/15/2020 Dated	
Signature	
His the chairman or vice chairman of the board, president or other officer- have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	
MATTHEW BAKKER	
(Typed or printed name of person signing)	~
VICE PRESIDENT	
(Title of person signing)	