

117000000981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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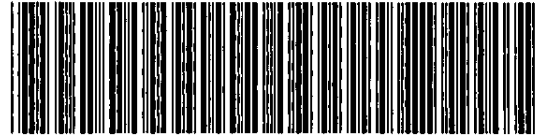
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 20 AM 9:42

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Amend/cc
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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AEQUUM INCORPORATED

DOCUMENT NUMBER: N17000000981

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

Please return all correspondence concerning this matter to the following:

RANDALL S. KASPER
(Name of Contact Person)

AEQUUM INCORPORATED
(Firm/ Company)

52 TUSCAN WAY SUITE 202-409
(Address)

SAINT AUGUSTINE, FL 32092
(City/ State and Zip Code)

east33pro@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANDALL KASPER at (407) 350-0795
(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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2017

RANDALL S. KASPER
AEQUUM INCORPORATED
52 TUSCAN WAY - STE. 202-09
SAINT AUGUSTINE, FL 32092

SUBJECT: AEQUUM INCORPORATED
Ref. Number: N17000000981

We have received your document for AEQUUM INCORPORATED 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 date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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: 617A00003133

RECEIVED
17 MAR 20 PM 3:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

AEQUUM INCORPORATED

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

NI7000000 981

(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:

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

N/A

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

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.

N/A

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-------------------------|----------------------------|--|
| 1) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>HADYN CASEY</u> | <u>110 CHATAHOOCHEE WINDS</u>
<u>DEMOREST, GA</u>
<u>30535</u> |
| 2) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P/D</u>
<u>PD</u> | <u>SHERRI R McCULLOUGH</u> | <u>110 Chatahouchee Winds</u>
<u>DEMOREST, GA</u>
<u>30535</u> |
| 3) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>VPD</u> | <u>RANDALL S KASPER</u> | <u>3708 BERENSTAIN DRIVE</u>
<u>ST. AUGUSTINE, FL</u>
<u>32092</u> |
| 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 | _____ | _____ | _____ |

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

- Add Hadlyn Casey as an additional Director.
- Change P Sherri McCullough to reflect she is not only P but also Director so her title is PD.
- Change VP Randall Kasper to reflect he is also a director so new title is VPD.
- ARTICLE III: Currently the specific purpose for which this corporation is organized is "Native American Equality" we wish to amend that section to read
"Native American ~~Charity~~ Assistance"
"Native American Charitable Assistance. In the event of dissolution of this entity, all assets will be disposed of ~~the~~ to exclusively benefit native american charity ~~charitable benefits~~ and no individual shall directly benefit from the distribution thereof."

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

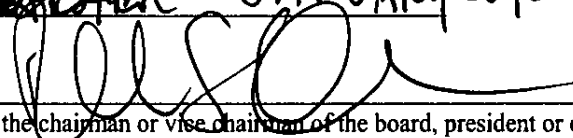
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Dated ~~2/13/17~~ JANUARY 28, 2017

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)

RANDALL S. KASPER
(Typed or printed name of person signing)

VPD
(Title of person signing)