

N170000007064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

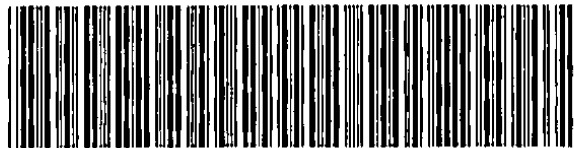
(Business Entity Name)

(Document Number)

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Amendment Section
Division of Corporations

E. OF CORPORATION: Ethical Incubator, Corp.

UMENT NUMBER: N17000007064

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

se return all correspondence concerning this matter to the following:

Paige Tamm

(Name of Contact Person)

Ethical Incubator, Corp.

(Firm/ Company)

332 W. Minnesota Ave.

(Address)

Deland, Florida 32720

(City/ State and Zip Code)

overlapdeland@gmail.com

E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

Paige Tamm

(Name of Contact Person)

at 386-956-3540

(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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Ethical Incubator, Corp.

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

N 17000007064

(Document Number of Corporation (if known))

uant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following
ndment(s) to its Articles of Incorporation:

If amending name, enter the new name of the corporation:

The new
ie must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
ompany" or "Co." may not be used in the name.

Enter new principal office address, if applicable:

incipal office address MUST BE A STREET ADDRESS)

332 W. Minnesota Ave.

Deland, Florida 32720

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

332 W. Minnesota Ave.

Deland, Florida 32720

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:

Paige Tamm

332 W. Minnesota Ave.

(Florida street address)

New Registered Office Address:

DeLand

(City)

Florida

32720

(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.

PTamm

Signature of New Registered Agent, if changing

ending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name.

Address of each Officer and/or Director being added:

(attach additional sheets, if necessary)

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. 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, Jones, V as Remove, and Sally Smith, SV as an Add.

Change
Remove
Add

Title	Name
PT	John Doe
V	Mike Jones
SV	Sally Smith

of Action
(Check One)

of Action (Check One)	Title	Name	Address
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<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	Executive DT	Paige Tamm	332 W. Minnesota Ave. Deland, FL 32720
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add	O	Maxwell Droznm	14 Spanish Pine Way Ormond Bch., FL 32174
<input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	O	Ella Ran	332 W. Minnesota Ave. Deland, FL 32720
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	O	Sean Tamm	332 W. Minnesota Ave. Deland, FL 32720
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	O	Kelsey Maglio	332 W. Minnesota Ave. Deland, FL 32720
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	O	Kyle Maley	332 W. Minnesota Ave. Deland, FL 32720

Page 2 of 4

Amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Note the officer/director title by the first letter of the office title:

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. 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:
Change PT John Doe
Remove V Mike Jones
Add SV Sally Smith

Action	Title	Name	Address
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	D	Abigail Ramsbottom	332 W. Minnesota Ave. Deland, FL 32720
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	D	Renee Stewart	332 W. Minnesota Ave. Deland, FL 32720
<input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	D	Enric Cordoba-Mula	402 N. Fairview Ave. Deland, FL 32724
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

Amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Lined area for text entry.

late of each amendment(s) adoption: _____, if other than the
his document was signed.

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

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ment's effective date on the Department of State's records.

tion 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 12/19/2019

Signature PTamm
(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)

Paige Tamm
(Typed or printed name of person signing)

Executive Director
(Title of person signing)