

N17000007064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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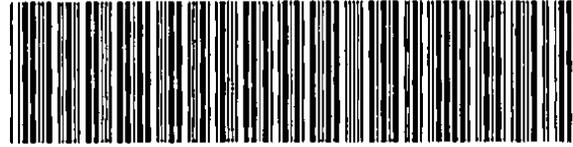
(Business Entity Name)

(Document Number)

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COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: Ethical Incubator, Corp.

DOCUMENT NUMBER: N17000007064

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

Please 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)

For 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:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$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 1 7 0 0 0 0 0 7 0 6 4

(Document Number of Corporation (if known))

Want 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:

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

_____ *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.*

Enter new principal office address, if applicable:
principal 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

2019 DEC 23 AM 11:18

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, Florida 32720
(City) (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, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Change	<u>PT</u>	<u>John Doe</u>
Remove	<u>V</u>	<u>Mike Jones</u>
Add	<u>SV</u>	<u>Sally Smith</u>

<u>Change of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	Executive <u>DT</u>	<u>Paige Tamm</u>	<u>332 W. Minnesota Ave.</u> <u>Deland, FL 32720</u>
<input type="checkbox"/> Remove			
<input type="checkbox"/> Change <input type="checkbox"/> Add	<u>0</u>	<u>Maxwell Droznm</u>	<u>14 Spanish Pine Way</u> <u>Ormond BCH, FL 32174</u>
<input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>0</u>	<u>Ella Ran</u>	<u>332 W. Minnesota Ave.</u> <u>Deland, FL 32720</u>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>0</u>	<u>Sean Tamm</u>	<u>332 W. Minnesota Ave.</u> <u>Deland, FL 32720</u>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>0</u>	<u>Kelsey Maglio</u>	<u>332 W. Minnesota Ave.</u> <u>Deland, FL 32720</u>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>0</u>	<u>Kyle Maley</u>	<u>332 W. Minnesota Ave.</u> <u>Deland, FL 32720</u>

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:

(Use additional sheets, if necessary)

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

resident; 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

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

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)