

N170916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

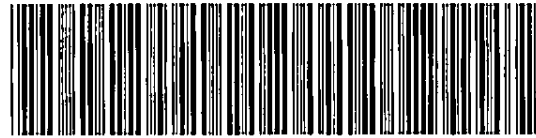
(Business Entity Name)

(Document Number)

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FILED  
2019 SEP 28 PM 12:45  
STATE OF TEXAS  
FALL ARREST C. F. 14118

Amend

OCT 02 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Gold Coast Promotional Products Association, Inc.  
DOCUMENT NUMBER: N17096

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

Please return all correspondence concerning this matter to the following:

Mark Farrar

(Name of Contact Person)

Farrar Management

(Firm/ Company)

P.O. Box 2328

(Address)

Shelbyville, TN 37162

(City/ State and Zip Code)

mark@gcppa.org

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

For further information concerning this matter, please call:

Lynn Glover

(Name of Contact Person)

Treasurer@gcppa.org

(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)

(paid in July)  
+ cashed

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

July 26, 2018

MARK FARRAR  
FARRAR MANAGEMENT  
P.O. BOX 2328  
SHELBYVILLE, TN 37162

*Returned 9/26/2018*

RECEIVED  
18 SEP 28 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

SUBJECT: GOLD COAST PROMOTIONAL PRODUCTS ASSOCIATION, INC.  
Ref. Number: N17096

We have received your document for GOLD COAST PROMOTIONAL PRODUCTS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ The current name of the entity is as referenced above. Please correct your document accordingly.

✓ 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: 418A00015402

*Thank you Irene!*  
*[Signature]*

RECEIVED  
18 SEP 28 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

[www.sunbiz.org](http://www.sunbiz.org)

Articles of Amendment  
to  
Articles of Incorporation  
of

Gold Coast Promotional Products Association, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N 17096

(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:

*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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Mr. Steven Lazarus

16145 US Highway 441

(Florida street address)

New Registered Office Address:

Delray Beach

(City)

Florida

(Zip Code)

33446

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.

Steven Lazarus

Signature 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:

<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         | <u>CEO</u>                | <u>Mike Sehenker</u> | <u>2413 Main St</u><br><u>Box 225</u><br><u>Miramar, FL 33025</u> |
| <input type="checkbox"/> Add               |                           |                      |   |
| <input checked="" type="checkbox"/> Remove |                           |                      |   |
| 2) <input type="checkbox"/> Change         | <u>Executive Director</u> |                      |   |
| <input checked="" type="checkbox"/> Add    |                           | <u>Mark Farrar</u>   | <u>PO Box 2328</u><br><u>Shelbyville, TN 37162</u>                |
| <input type="checkbox"/> Remove            |                           |                      |   |
| 3) <input type="checkbox"/> Change         |                           |                      |   |
| <input type="checkbox"/> Add               |                           |                      |   |
| <input type="checkbox"/> Remove            |                           |                      |   |
| 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)

N  
A

The date of each amendment(s) adoption: June 22, 2018, 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 July 20, 2018

Signature [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)

Kynn P Glver  
(Typed or printed name of person signing)

Treasurer  
(Title of person signing)