

N18000000753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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S TALLENT  
JUN 19 2018

FILED  
18 JUN 18 AM 11:52  
CLERK OF COURT

*Amend*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2018

MELISSA SIMPSON  
TIFF'S PLACE, INC.  
801 INTERNATIONAL PARKWAY, SUITE 500  
LAKE MARY, FL 32746

SUBJECT: TIFF'S PLACE, INC.  
Ref. Number: N18000000753

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 518A00009722

## COVER LETTER

TO: Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Tiff's Place, Inc.

DOCUMENT NUMBER: N18000000753

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

Please return all correspondence concerning this matter to the following:

Melissa Simpson

(Name of Contact Person)

Tiff's Place, Inc.

(Firm/ Company)

801 International Parkway, Suite 500

(Address)

Lake Mary, FL 32746

(City/ State and Zip Code)

Tiffs\_Place@aol.com

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

For further information concerning this matter, please call:

Melissa Simpson

630

235-2632

at

(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:

**☐ \$35 Filing Fee**  
**Already Paid**

☐ \$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)

RECEIVED  
18 JUN 18 AM 9:46

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

Tiff's Place, Inc.

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

N18000000753

(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**)

801 International Parkway

Suite 500

Lake Mary, FL 32746

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

801 International Parkway

Suite 500

Lake Mary, FL 32746

**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

801 International Parkway, Suite 500

(Florida street address)

New Registered Office Address:

Lake Mary

(City)

Florida 32746

(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.*

\_\_\_\_\_  
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:

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>    </u> Change	<u>TD</u>	<u>Cynthia Sands</u>	<u>626 Red Oak Circle</u>
<u>    </u> Add			<u>Unit 206</u>
<u>X</u> Remove			<u>Altamonte Springs, FL 32701</u>
2) <u>    </u> Change	<u>TD</u>	<u>Laurce Wagner</u>	<u>112 Dublin Drive</u>
<u>X</u> Add			<u>Lake Mary, FL 32746</u>
<u>    </u> Remove			
3) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			<u>    </u>
<u>    </u> Remove			<u>    </u>
4) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			<u>    </u>
<u>    </u> Remove			<u>    </u>
5) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			<u>    </u>
<u>    </u> Remove			<u>    </u>
6) <u>    </u> Change	<u>    </u>	<u>    </u>	<u>    </u>
<u>    </u> Add			<u>    </u>
<u>    </u> Remove			<u>    </u>

N/A

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 June 13, 2018 \_\_\_\_\_

Signature Melissa Simpson  
(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)

Melissa Simpson  
\_\_\_\_\_  
(Typed or printed name of person signing)

President  
\_\_\_\_\_  
(Title of person signing)