

N18 00000 8520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

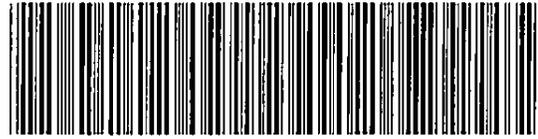
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Sarasota Prostate Initiative, Inc

DOCUMENT NUMBER: N18000008520

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

Please return all correspondence concerning this matter to the following:

David G Morse

(Name of Contact Person)

1661 Ringling Blvd 75

(Firm/ Company)

Sarasota Prostate Initiative, Inc

(Address)

Sarasota, FL 34230

(City/ State and Zip Code)

dgmaeil@hotmail.com

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

For further information concerning this matter, please call:

David G. Morse

(Name of Contact Person)

at 941 356 0754

(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 checked="" 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

The Sarasota Prostate Initiative, Inc

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

N18000008520

(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: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(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.

Signature of New Registered Agent, if changing

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 25, 2024

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)

David G. Morse
(Typed or printed name of person signing)

President
(Title of person signing)



INFORMED DECISIONS OVERCOME FEAR

1661 Ringling Blvd #75 • Sarasota, FL 34230 • 941-356-0754
EMAIL: info@prostatesarasota.org • Website: prostatesarasota.org

To: Anissa Butler

Florida Department of State Division of Corporations

PO Box 6327 Tallahassee, FL 32314

Re: Letter Number 724A00015749

I have corrected the document per your request and have re-submitted herewith.

Thank you,

David G. Morse 941 356 0754 dgmaei1@hotmail.com

David G. Morse 7/31/24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2024

DAVID G MORSE
1661 RINGLING BLVD 75
SARASOTA, FL 34230

SUBJECT: THE SARASOTA PROSTATE INITIATIVE, INC
Ref. Number: N18000008520

We have received your document for THE SARASOTA PROSTATE INITIATIVE, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU ARE UNABLE TO USE THE TITLE "MR" AS A TITLE.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 724A00015749