

✓ 19000007809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

☐

WAIT

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MAIL

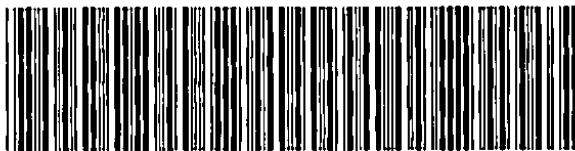
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



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01/12/21--01008--003 **35.00

2021 JAN 12 AM 11:21

2021 JAN 12 PM 1:01

FILED

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2021

CHARLES A COLSON

SUBJECT: THE VOICE OF TALLAHASSEE INC
Ref. Number: N19000007809

We have received your document for THE VOICE OF TALLAHASSEE 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 form you submitted is for a PROFIT CORPORATION, but your entity is a NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 021A00000765

COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: _____

AMENDMENT NUMBER: _____

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

Return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm/ Company)

(Address)

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

(Name of Contact Person)

at

(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 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 Voice of Tallahassee Inc.

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

N19000207809

(Document Number of Corporation (if known))

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

ending name, enter the new name of the corporation:

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

er new principal office address, if applicable:
al office address MUST BE A STREET ADDRESS)

er new mailing address, if applicable:
iling address MAY BE A POST OFFICE BOX)

ending the registered agent and/or registered office address in Florida, enter the name of the
registered agent and/or the new registered office address:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City) Florida (Zip Code)

egistered Agent's Signature, if changing Registered Agent:

v accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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ing the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and
[each Officer and/or Director being added:
(ditional sheets, if necessary)
e the officer/director title by the first letter of the office title:
dent; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief
Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held.
Treasurer, Director would be PTD.
ould be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is
Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,
s, V as Remove, and Sally Smith, SV as an Add.

ge PT John Doe

ve V Mike Jones

 SV Sally Smith

| <u>Action</u> (nc) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|-----------------------|--------------|--------------------------|------------------------------|
| Change | <u>D</u> | <u>JOHNSON, JONETTE</u> | <u>PO BOX 2722</u> |
| Add | | | <u>TALLHASSEE, FL 32316</u> |
| Remove | | | <u></u> |
| Change | <u>D</u> | <u>LOFTON, TRELLA</u> | <u>PO BOX 2722</u> |
| Add | | | <u>TALLHASSEE, FL 32316</u> |
| Remove | | | <u></u> |
| Change | <u>D</u> | <u>COLSON, TANNIS</u> | <u>757 CALIFORNIA STREET</u> |
| Add | | | <u>TALLAHASSEE, FL 32304</u> |
| Remove | | | <u></u> |
| Change | <u>D</u> | <u>COLSON, CHARLES A</u> | <u>757 CALIFORNIA STREET</u> |
| Add | | | <u>TALLAHASSEE, FL 32304</u> |
| Remove | | | <u></u> |
| Change | <u></u> | <u></u> | <u></u> |
| Add | | | <u></u> |
| Remove | | | <u></u> |
| Change | <u></u> | <u></u> | <u></u> |
| Add | | | <u></u> |
| Remove | | | <u></u> |

the amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
ted by the board of directors.

Dated 1/12/2021

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)

CHARLES A. OLSON
(Typed or printed name of person signing)

Director
(Title of person signing)