

N19646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

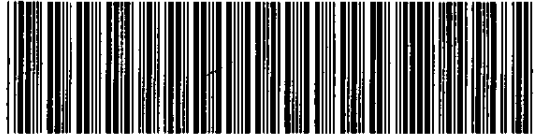
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR -1 PM 12:32

FILED

Amend
[Signature]

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: FL SKP CO-OP, INC.

DOCUMENT NUMBER: N 19646

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

Please return all correspondence concerning this matter to the following:

PATRICIA A. Dubuc
(Name of Contact Person)

FL SKP Co-op, Inc
(Firm/ Company)

2219 SKP WAY
(Address)

WAUCHULA, FL 33873
(City/ State and Zip Code)

FLORIDASKP@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA A. DUBUC at (863) 735-1499
(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:

- | | | | |
|---|--|---|--|
| <input checked="" 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FLORIDA SKP CO-OP, INC.

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

N 19646

(Document Number of Corporation (if known))

FILED
2010 MAR -1 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>GOSSELIN, ERNEST F.</u>	<u>2219 SKP WAY</u> <u>WACHULA, FL</u> <u>33873</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>Kenneth A. CARLSON</u>	<u>SAME</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>IV</u>	<u>Kenneth A. CARLSON</u>	<u>SAME</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>IV</u>	<u>DECENT, LELAND</u>	<u>2219 SKPWAY</u> <u>WAUCNULA, FL</u> <u>33873</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>I</u>	<u>ZWANN, WILLIAM</u>	<u>SAME</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>I</u>	<u>DUBUC, PATRICIA</u>		<input checked="" 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)

[illegible]

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>S</u>	<u>MOUNTFORD, WILLIAM</u>	<u>2219 SKPWAY</u> <u>WAUCHULA, FL</u> <u>33873</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>S</u>	<u>LEBLANC, DOHAN</u>	<u>SAME</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>AL</u>	<u>DUBUC, PATRICIA</u>	<u>SAME</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AL	MASELLA, DONALD	2219 SKP WAY WADSWORTH, IL 33873	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AL	FELSKE, RICHARD	SAME	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AL	GOMEZ, SONORA	SAME	<input type="checkbox"/> Add <input type="checkbox"/> Remove STAYS ON

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 02-22-2010
(date of adoption is required)


Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 02-23-2010

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)

PATRICIA A. DUBUC
(Typed or printed name of person signing)

TREASURER
(Title of person signing)