

N2000000 1920

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(City/State/Zip/Phone #)

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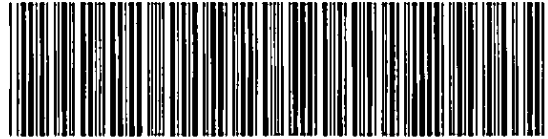
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2020 APR 10 AM 9:24
DIVISION OF CORPORATE AFFAIRS
TOLSON

GM
H/13/20



2020 APR 10 AM 7:39

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2020

MICHAEL TENNYSON
109 WEBSTER LANE
PALM COAST, FL 32164

SUBJECT: KNIGHTS OF COLUMBUS-MOTHER SETON COUNCIL #17480
INC.
Ref. Number: N20000001920

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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 220A00007004

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Knights of Columbus-Mother Seton Council #17480 Inc.

DOCUMENT NUMBER: N20000001920

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

Please return all correspondence concerning this matter to the following:

Michael Tennyson

(Name of Contact Person)

Knights of Columbus-Mother Seton Council #17480

(Firm/ Company)

109 Webster Lane

(Address)

Palm Coast, FL 32164

(City/ State and Zip Code)

miketennyson@gmail.com

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

For further information concerning this matter, please call:

Mike Tennyson

904-545-8245

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:

- | | | | |
|--|---|---|--|
| <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

Knights of Columbus-Mother Seton Council #17480, Inc

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

N20000001920

(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:

Knights of Columbus-Mother Seton Council Palm Coast #17480, Inc

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**)*

NA

C. Enter new mailing address, if applicable:

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

NA

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:

NA

(Florida street address)

New Registered Office Address:

NA

(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

2020 APR 10 AM 9:24
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>O</u>	<u>Tennyson, Mike E to Tennyson, Miel</u> <i>*Bank requires legal NAME</i>	<u>109 Webster Lane</u> <u>Palm Coast, FL 32164</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>O</u>	<u>Owen, Thompson to Thompson, Ow</u> <i>First, Last was reversed</i>	<u>14 RENMONT COURT</u> <u>PALM COAST, FL 32164</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Koppenhoffer, Fred J</u> <i>Resigned due to medical</i>	<u>50 RIVERS EDGE LANE</u> <u>PALM COAST, FL 3213</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Lamperti, Daniel</u> <i>Add.</i>	<u>19 Westcliffe Ln</u> <u>Palm Coast, FL 32164</u>
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)

NA

- ☐ 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

4/8/20

Signature

Michael E. Tennyson

(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)

Michael E. Tennyson

(Typed or printed name of person signing)

MA. esnyson

(Title of person signing)