

N20 000010607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

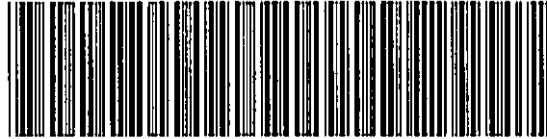
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Special Instructions to Filing Officer:

6-21-21

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Adoption



000359576950

02/15/21--01023--012 \*\*35.00

FILED  
2021 JUN 21 PM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend.

AUG 10 2021

D CONNELL

**BOOKER & ASSOCIATES, P.A.**  
ATTORNEYS AT LAW

KIM C. BOOKER  
[kbooker@bookerandassoc.com](mailto:kbooker@bookerandassoc.com)

ANDREW F. LANGENBACH  
[Andrew.L@bookerandassoc.com](mailto:Andrew.L@bookerandassoc.com)

1019 TOWN CENTER DRIVE, SUITE 201  
ORANGE CITY, FLORIDA 32763  
PHONE (386) 774-6552  
FAX (386) 774-5997

June 18, 2021

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: ***DeLand Dishes Back, Inc.***

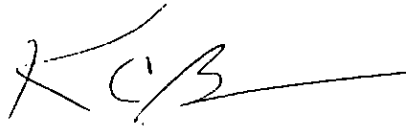
Dear Sir/Madam:

Enclosed herein please find ***Amended Articles of Incorporation*** for ***DeLand Dishes Back, Inc.***, a not for profit company, to be filed with the Secretary of State, along with Letter Number: 621A00007865.

Thank you for your assistance in this filing. If you have any questions regarding this matter, please do not hesitate to contact my office.

Sincerely,

Booker & Associates, P.A.

A handwritten signature in black ink, appearing to read 'KCB', followed by a horizontal line.

By: \_\_\_\_\_  
Kim C. Booker, Attorney at Law

KCB:mmm

Enclosures

BOOKER & ASSOCIATES, P.A.  
ATTORNEYS AT LAW

KIM C. BOOKER  
[kbooker@bookerandassociates.com](mailto:kbooker@bookerandassociates.com)

ANDREW F. LANGENBACH  
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1019 TOWN CENTER DRIVE, SUITE 201  
ORANGE CITY, FLORIDA 32763  
PHONE (386) 774-6552  
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February 9, 2021

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: *DeLand Dishes Back, Inc.*

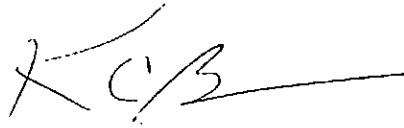
Dear Sir/Madam:

Enclosed herein please find *Amended Articles of Incorporation* for *DeLand Dishes Back, Inc.*, a not for profit company, to be filed with the **Secretary** of State, along with a check in the amount of \$35.00 for the filing fee.

Thank you for your assistance in this filing. If you have any questions regarding this matter, please do not hesitate to contact my office.

Sincerely,

Booker & Associates, P.A.



By: \_\_\_\_\_  
Kim C. Booker, Attorney at Law

KCB:mmm

Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUN 21 PM 1:15

April 16, 2021

KIM C. BOOKER  
1019 TOWN CENTER DRIVE  
SUITE 201  
ORANGE CITY, FL 32763

SUBJECT: DELAND DISHES BACK, INC.  
Ref. Number: N20000010607

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If there are MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are NO MEMBERS OR MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

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 Silas  
Regulatory Specialist II

Letter Number: 621A00007865

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: DeLand Dishes Back, Inc.

DOCUMENT NUMBER: N20000010607

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

Please return all correspondence concerning this matter to the following:

Kim C. Booker

\_\_\_\_\_  
(Name of Contact Person)

Booker & Associates, P.A.

\_\_\_\_\_  
(Firm/ Company)

1019 Town Center Drive, Suite 201

\_\_\_\_\_  
(Address)

Orange City, Florida 32763

\_\_\_\_\_  
(City/ State and Zip Code)

kbooker@bookerandassoc.com

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

For further information concerning this matter, please call:

Kim C. Booker

386

774-6552

\_\_\_\_\_  
(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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

DeLand Dishes Back, Inc.

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

N20000010607

(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:

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

2021 JUN 21 PM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
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)*

Correcting the Article numbering and added Article XII

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Adding Article XII - Dissolution:

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or or shall be distributed to the federal government, or to a state or local government, for a public purpose.

The date of each amendment(s) adoption: February 9, 2021, 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 \_\_\_\_\_

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)

Vidar Antonsen

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

Secretary/Treasurer

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