

N21 0000002899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

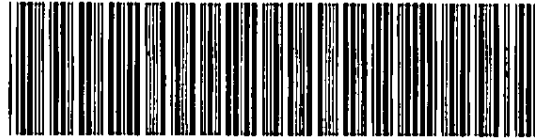
(Document Number)

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*wrong form*

Office Use Only



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2023 JAN 10 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FL

*Amend*

JAN 24 2023

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ESCAROSA SUICIDE PREVENTION COALITION INC

DOCUMENT NUMBER: N21000002899

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

Please return all correspondence concerning this matter to the following:

RACHELLE S BURNS

Name of Contact Person

ESCAROSA SUICIDE PREVENTION COALITION INC

Firm/ Company

4538 NORTHPOINTE PLACE

Address

PENSACOLA FL 32514

City/ State and Zip Code

INFO@SUICIDEPREVENTIONESCAROSA.ORG

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

For further information concerning this matter, please call:

RACHELLE S BURNS

at 850

712-8173

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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

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JAN 10 2023  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

2023 JAN 10 PM 4:46

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2022

RACHELLE S BURNS  
ESCAROSA SUICIDE PREVENTION COALITION  
4538 NORTHPOINTE PLACE  
PENSACOLA, FL 32514

SUBJECT: ESCAROSA SUICIDE PREVENTION COALITION, INC.  
Ref. Number: N21000002899

We have received your document for ESCAROSA SUICIDE PREVENTION COALITION, 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 Florida Profit Corporation, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(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.

Diane Cushing  
Senior Section Administrator

Letter Number: 322A00025960

2022 JAN 10 PM 12:35

Articles of Amendment  
to  
Articles of Incorporation  
of

ESCAROSA SUICIDE PREVENTION COALITION INC

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

N21000002899

(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:**

N/A

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:**

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

N/A

(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:

N/A

(Florida street address)

New Registered Office Address:

N/A

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

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CLERK OF THE  
COURT  
JAN 10 2023

**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><br>(Check One)  | <u>Title</u> | <u>Name</u>                  | <u>Address</u>          |
|---|--------------|------------------------------|-------------------------|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | <u>N/A</u><br>_____<br>_____ | _____<br>_____<br>_____ |
| 2) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | <u>N/A</u><br>_____<br>_____ | _____<br>_____<br>_____ |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove     | _____        | <u>N/A</u><br>_____<br>_____ | _____<br>_____<br>_____ |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | <u>N/A</u><br>_____<br>_____ | _____<br>_____<br>_____ |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | <u>N/A</u><br>_____<br>_____ | _____<br>_____<br>_____ |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | _____        | <u>N/A</u><br>_____<br>_____ | _____<br>_____<br>_____ |

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

Addition of Article IX - Dissolution Clause

Said organization is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the

government, or to a state or local government, for a public purpose.

The date of each amendment(s) adoption: July 29, 2022, if other than the date this document was signed.

Effective date if applicable: July 29, 2022  
(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 7/29/22

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)

Rachelle S Burns

(Typed or printed name of person signing)

Chair

(Title of person signing)