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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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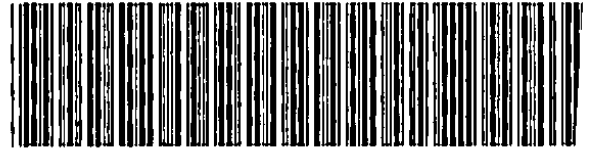
(Business Entity Name)

(Document Number)

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11/04/22--01017--004 **

2022 NOV 4 PM 4:22
CLERK OF STATE
TALLAHASSEE, FL



John T. Driscoll, P.A.

Certified Public Accountant \ MBA

825 SE 3rd Ave, Suite 200

Ocala, FL 34471

Member AICPA, FICPA

Telephone (352) 622-5664

Fax (352) 671-5373

E-mail: cpa@jtdriscollcpa.com

November 1, 2022

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Florida Not for Profit Corporation Article of Amendment to Article of Incorporation for America's Coast to Coast Entertainment Network Inc.

Added Article XI: Required 501(c)(3) Language

I have enclosed a check in the amount of \$35.00 to cover the costs as follows:

Article of Amendment to Articles of Organization filing fees	<u>\$35.00</u>
Total	\$35.00

Please forward a stamped copy of the Article of Amendment to Articles of Organization to the below address:

John T. Driscoll C.P.A., P.A.
825 SE 3rd Ave, Suite 200
Ocala, Florida 34471

Thank you in advance for your kind and prompt attention to this matter, and if you should have any questions, please call me at (352) 622-5664 or email.

Sincerely,


John T Driscoll CPA

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AMERICA'S COAST TO COAST ENTERTAINMENT NETWORK INC.

DOCUMENT NUMBER: N21000004697

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

Please return all correspondence concerning this matter to the following:

JOHN T DRISCOLL

(Name of Contact Person)

JOHN T DRISCOLL CPA PA

(Firm/ Company)

825 SE 3RD AVE OCALA, FL 34471

(Address)

OCALA, FL 34471

(City/ State and Zip Code)

jstklx@gmail.com

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

For further information concerning this matter, please call:

MASON L RAMSEY

352

673-2195

(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:

☐ \$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

Articles of Amendment
to
Articles of Incorporation
of

AMERICA'S COAST TO COAST ENTERTAINMENT NETWORK INC.

FILED
2022 JUN -4 PM 4:22

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

N21000004697

CLERK OF STATE
TALLAHASSEE, FL

(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:

(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:

(Florida street address)

New Registered Office 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)

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. The 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 Cha 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	_____	<u>N/A</u>	_____ _____ _____
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)

ARTICLE XI - REQUIRED 501(C)(3) LANGUAGE

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.

This image shows a single page from a notebook or ledger. It features ten evenly spaced horizontal blue lines across its entire width. The lines are thin and consistent in color. There are no vertical margin lines, text, or other markings present on the page.

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 11/01/22

Signature Mason Ramsey
(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)

MASON L RAMSEY

(Typed or printed name of person signing)

Director

(Title of person signing)

FILED
2022 NOV -4 PM 4:22
CLERK OF STATE
TALLAHASSEE, FL