N23710

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11:5:11:

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LARC Foundation, In	
Name of Control Name of Contro	orporation
The enclosed Statement of Change of Registered Office	:/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Vicky Wilson	
Name of Con	tact Person
LARC, Inc.	
Firm/Co	nipany
2570 Hanson Stree	et
Addr	ess
Fort Myers, FL 33	901
City/State an	d Zip Code
vickywilson@larcle	ecounty.org
E-mail address: (to be used for fu	iture annual report notification)
For further information concerning this matter, please of	rall:
Kevin Lewis	at (239) 334-6285 ext 210 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depart	ment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301



January 9, 2020

VICKY WILSON 2570 HANSON ST FORT MYERS, FL 33901

SUBJECT: LARC FOUNDATION, INC.

Ref. Number: N23710

We have received your document for LARC FOUNDATION, 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 document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Letter Number: 320A00000656

Rebekah White Regulatory Specialist II Supervisor

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LARC Foundation, Inc.
DOCUMENT NUMBER: N23710
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kevin Lewis
(Name of Contact Person)
LARC Foundation, Inc. (Firm/ Company)
2570 Hanson Street
(Addiess)
Fort Myers, Et. 33901 (City/ State and Zip Code)
(City/ State and Zip Code)
kevinlewis@larcleecounty.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kayin Lawis 31 239-334-6285
Keyin Lewis at 239-334-6285 (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:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) S52.50 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

2.37 -21 14 9:10

LARC Foundation, Inc.		
Name of Corporation as currently filed with the Flo	rida Dept. of State)	
N23710		
(Document	Number of Corporation (if kr	own)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
name must be distinguishable and contain the word "co	rporation" or "incorporated	The new 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 ADDI	RESS)	
		-
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX	ý	
	·-····	
D. If amending the registered agent and/or registere	d office address in Florida,	enter the name of the
new registered agent and/or the new registered o	tlice address:	
Name of New Registered Agent:		
	(Flo	orida street addiess)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered agent. 1	am familiar with and accept	the obligations of the position.
	Signature of New Registe	ered 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. 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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>∧ddres</u> s
1) Change Add	s	<u>Lisa Adams</u>	
x_ Remove			Fort Myers, FL 33913
2) Change Add		Stephen McBane	500 Sea Walk Ct.
Remove 3) Change Add Remove			Sanibel, FL 33957
4) Change Add			
Remove 5) Change Add			
Remove 6) Change			
Add		Dog 1 of 4	
E. If amending or addin (attach additional shee	ng additional Arti ets, if necessary).	Page 2 of 4 icles, enter change(s) here: (Be specific)	
	 		

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Page 3 of 4	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: 16the data innerted in this blook done not most the applicable statutory filing enquirements this data will	not be listed as the
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	tion of figure 43 the
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 2/17/2020
	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)
	Austin Clinton
	(Typed or printed name of person signing)
	President of the Board
	(Title of person signing)