

N 245 77

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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02/02/17--01006--028 **43.75

17 MAY 22 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Amend.

MAY 24 2017
D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2017

ELAINE W. HALE
ORANGE COUNTY MEDICAL AUX FOUNDATION INC
1136 GATLIN AVENUE
ORLANDO, FL 32806 US

SUBJECT: ORANGE COUNTY MEDICAL AUXILIARY FOUNDATION, INC.
Ref. Number: N24577

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):

The current name of the entity is as referenced above. Please correct your document accordingly.

THE WORD "SOCIETY" IS NOT IN THE NAME OF THIS CORPORATION.
PLEASE REMOVE IT.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 317A00006805

RECEIVED
17 MAY 22 PM 4:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2017

ELAINE W. HALE
ORANGE COUNTY MEDICAL AUX FOUNDATION INC
1136 GATLIN AVENUE
ORLANDO, FL 32806 US

SUBJECT: ORANGE COUNTY MEDICAL AUXILIARY FOUNDATION, INC.
Ref. Number: N24577

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):

The current name of the entity is as referenced above. Please correct your document accordingly.

THE INFORMATION ATTACHED IS FOR A DIFFERENT CORPORATION,
PLEASE CORRECT THE NAME OF THE CORPORATION AND DOCUMENT
NUMBER THROUGHOUT THE CORPORATION AMENDMENT.

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.

Darlene Connell
Regulatory Specialist III

Letter Number: 117A00003177

CEIVED

MAR 17 2017 PM 1:48

DEPT OF STATE
CORPORATION
TALLAHASSEE, FLORIDA

RECEIVED
MAR 31 PM 1:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Orange County Medical Auxiliary Foundation, Inc.

DOCUMENT NUMBER: N24577

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

Please return all correspondence concerning this matter to the following:

Elaine W. Hale

(Name of Contact Person)

Orange County Medical Auxiliary Foundation, Inc.

(Firm/ Company)

1136 Gatlin Avenue

(Address)

Orlando, Florida 32806

(City/ State and Zip Code)

brase@bellsouth.net

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

For further information concerning this matter, please call:

Elaine W. Hale

407

859-5675

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 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Orange County Medical Auxiliary Foundation, Inc

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

N24577

(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**)

N/A

C. Enter new mailing address, if applicable:

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

N/A

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:

(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. 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 type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	N/A	_____
<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 VI

MANAGEMENT

The affairs of the corporation shall be managed by a Board of Directors selected as provided in Article VIII hereof, and the following officers: A President, secretary, treasurer, and such other officers that may be deemed proper. All of the officers of the corporation shall be annually elected by the Board of Directors. One individual may hold two such offices except that the president shall not also be the secretary of the corporation. Vacancies, if and when occurring in any office, may be filled by the Board of Directors.

The date of each amendment(s) adoption: May 11, 2015, if other than the date this document was signed.

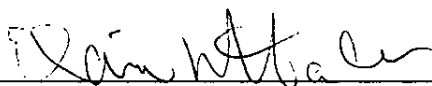
Effective date if applicable: May 11, 2015
(no more than 90 days after amendment file date)

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 May 10, 2017

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)

Elaine W. Hale
(Typed or printed name of person signing)

Treasurer
(Title of person signing)