

N 28748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

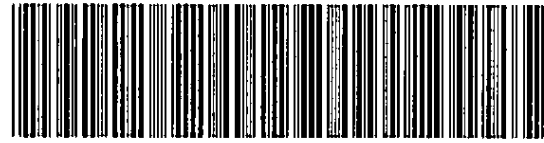
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 OCT 28 PM 7:04

FILED

OCT 28 2021  
S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2021

BOBBY MOODY  
C/O P.O. BOX 891269  
TAMPA, FL 33689

SUBJECT: CITY OF TAMPA RETIRED FIRE AND POLICE ASSOCIATION,  
INCORPORATED  
Ref. Number: N28748

We have received your document for CITY OF TAMPA RETIRED FIRE AND POLICE ASSOCIATION, INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(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) 245-6051.

Stacy Prather  
Regulatory Specialist III

Letter Number: 021A00023745

10/19/21 Adoption of Amendment box has now been properly marked.

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CITY OF TAMPA RETIRED FIRE & POLICE ASSOC

DOCUMENT NUMBER: N28748

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

Please return all correspondence concerning this matter to the following:

BOBBY MOODY  
(Name of Contact Person)

CITY OF TAMPA RETIRED FIRE & POLICE ASSOC.  
(Firm/ Company)

P.O. BOX 891269  
(Address)

TAMPA FL 33689  
(City/ State and Zip Code)

bmoody01@me.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOBBY MOODY at 813-493-0307  
(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

Articles of Amendment  
to  
Articles of Incorporation  
of

City of Tampa Retired Fire & Police  
(Name of Corporation as currently filed with the Florida Dept. of State)

N 28748  
(Document Number of Corporation (if known))

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TALLAHASSEE, FLORIDA

FILED

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  
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: SAME AS IS

(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>

Type of Action  
(Check One)

Title

Name

Address

- |   |                  |                         |   |
|---|------------------|-------------------------|---|
| 1) <input checked="" type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | <u>TREASURER</u> | <u>SUSAN CARNOVAN</u>   | <u>PO BOX 891269</u><br><u>TAMPA FL 33689</u>   |
| 2) <input checked="" type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | <u>SEC.</u>      | <u>LARRY A. VINCENT</u> | <u>P.O. BOX 891269</u><br><u>TAMPA FL 33689</u> |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove                           | _____            | _____                   | _____   |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove                       | _____            | _____                   | _____   |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove                       | _____            | _____                   | _____   |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove                       | _____            | _____                   | _____   |

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

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

N/A



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 9/13/21

Signature *BW Moody*  
(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)

*BOBBY W. MOODY*  
(Typed or printed name of person signing)

*PRESIDENT*  
(Title of person signing)

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TALLAHASSEE, FLORIDA