

N 28748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

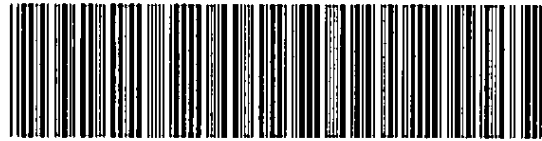
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2021 OCT 28 PM 7:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

bmoodyb1@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:

- | | | | |
|---|--|---|--|
| <input checked="" 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
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))

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

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TALLAHASSEE, FLORIDA

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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	PT	John Doe
<input type="checkbox"/> Remove	V	Mike Jones
<input type="checkbox"/> Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☒ Change
☐ Add

TREASURER SUSAN CANNON

PO Box 891269
Tampa FL 33689

☐ Remove

2) ☒ Change
☐ Add

SEC.

LARRY A. VINCENT

P.O. Box 891269
Tampa FL 33689

☐ Remove

3) ☐ Change
☐ Add
☐ Remove

4) ☐ Change
☐ Add

☐ Remove

5) ☐ Change
☐ Add

☐ Remove

6) ☐ Change
☐ Add

☐ Remove

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

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

N/A

☐ 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

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