

N28851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

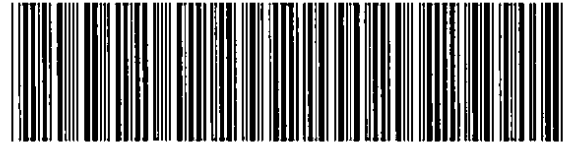
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2020

MANDY BIANCHI
1302 E SIXTH AVE
TALLAHASSEE, FL 32303

SUBJECT: EPILEPSY ASSOCIATION OF THE BIG BEND, INC.
Ref. Number: N28851

We have received your document for EPILEPSY ASSOCIATION OF THE BIG BEND, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 320A00006646

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Epilepsy Agency of the Big Bend

DOCUMENT NUMBER: 128851

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

Please return all correspondence concerning this matter to the following:

Mandy Bianchi
(Name of Contact Person)

Epilepsy Association of the Big Bend
(Firm/ Company)

1302 E. Sixth Ave.

(Address)

Tallahassee, FL 32303

(City/ State and Zip Code)

mandy@eabb.org

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

For further information concerning this matter, please call:

Mandy Bianchi at (850) 222 1777
(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 checked="" 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

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

2020-21 11:06:59

Epilepsy Association of the Big Bend

Current Number of Corporation, (011-1999)

I, as agent to the provisions of section 607.01, Florida Statutes, do hereby certify that the following amendment(s) to its Articles of Incorporation are being filed:

A. If amending name, enter the new name of the corporation:

Epilepsy Agency of the Big Bend INC.

The new name must be distinguishable and contain the word "Corporation," "Incorporated," "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:

Mandy Branch

New Registered Office Address:

1322 E Sixth Ave.

(do not enter address)

Tallahassee

Florida

32303

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent for the above corporation.

Mandy Branch

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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	_____	<u>Chris Kraft</u>	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	_____	<u>Mary Kelly</u>	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	_____	<u>Amber LeDoux</u>	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	_____	<u>Bob Prather</u>	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	_____	<u>Marthine Woodward</u>	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

Page 2 of 4

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

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

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☒ 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 _____

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)

Mandy Bianchi
(Typed or printed name of person signing)

Executive Director
(Title of person signing)