

N 43560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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S TALLENT

OCT 06 2017

FILED

17 OCT - 5 AM 11:11

PROPERTY OF STATE
TREASURY OF FLORIDA

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2017

KATARZYNA SKLADANOWSKI
1618 RUSSELL AVE
SARASOTA, FL 34232

SUBJECT: POLISH HERITAGE SOCIETY, INC.
Ref. Number: N43560

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ATTACHED IS A LISTING OF THE OFFICER/DIRECTORS IN THE CORPORATION. PLEASE AMEND YOUR DOCUMENT ACCORDINGLY AND YOU MAY USE THE FORM PROVIDED TO ADD MORE OFFICER/DIRECTORS.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 017A00018869

RECEIVED
17 OCT -5 PM 3:57
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE
FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Polish Heritage Society, INC.

DOCUMENT NUMBER: N43560

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

Please return all correspondence concerning this matter to the following:

KATARZYNA SKLADANOWSKI

(Name of Contact Person)

(Firm/ Company)

1618 RUSSELL AVE

(Address)

SARASOTA / FLORIDA 34232

(City/ State and Zip Code)

HABOKASIA@GMAIL.COM

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

For further information concerning this matter, please call:

KATARZYNA SKLADANOWSKI

(Name of Contact Person)

at 941 822 2716

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

POLISH HERITAGE SOCIETY, INC.

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

N 43560

(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:

NA

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)

8285 BARTON FARMS BLVD
SARASOTA, FL 34240

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8285 BARTON FARMS BLVD
SARASOTA, FL 34240

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: KATARZYNA SKLADANOWSKI
1618 RUSSELL AVE

(Florida street address)

New Registered Office Address:

SARASOTA, Florida 34232
(City) (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

FILED
17 OCT -5 AM 11:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>ROMAN GZYL</u>	
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>JAN OLOWSKI</u>	
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>ZBIGNIEW KLUZA</u>	
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>MICHAEL KONALCZYK</u>	<u>8285 BANTON FARMS</u> <u>SARASOTA</u> <u>blvd.</u> <u>FL 34240</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>KATARZYNA KOWALCZYK</u>	
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>IKONA GZYL</u>	

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.

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Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change P KATARZYNA SKLADANOWSKI
☒ Add 1618 Russell Ave.
☐ Remove Sarasota, FL 34232
- 2) ☐ Change T BOGUMILA ZIELINSKA
☒ Add 2238 PINE TER.
☐ Remove SARASOTA, FL 34231
- 3) ☐ Change S TOMASZ POTEPA
☒ Add 5461 OAK GROVE CT
☐ Remove SARASOTA, FL 34233
- 4) ☐ Change D MAREK PRZEPORA
☒ Add 2906 SAVOY DR.
☐ Remove SARASOTA, FL 34232
- 5) ☐ Change D JUREK GASIOR
☒ Add 5316 ASHTON MANOR DR.
☐ Remove SARASOTA, FL 34233
- 6) ☐ Change D MATEUSZ SZCZYGIEL
☒ Add 1601 LOGSTON ST,
☐ Remove NORTH PORT, FL 34287

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.

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Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>JOHN SAS</u>	<u>517 RAVENNA ST.</u> <u>N. NAKOMIS, FL</u> <u>34275</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>BOGDAN LABIELSKI</u>	<u>3224 RIBERA AVE</u> <u>NORTH PORT, FL</u> <u>34286</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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

[illegible]

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

Effective date if applicable: NA
(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 08/28/2017

Signature K Skladanowski
(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)

KATARZYNA SKLADANOWSKI
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)