

N48769

CALADIUM ARTS & CRAFTS CO-OP
132 E. INTERLAKE BLVD.
LAKE PLACID, FL 33852

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

And

NOV 14 2013

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2013

NANCY T.SANDERS
CALADIUM ARTS & CRAFTS COOPERATIVE INC
P.O. BOX 1071
LAKE PLACID, FL 33862 US

SUBJECT: CALADIUM ARTS & CRAFTS COOPERATIVE, INC.
Ref. Number: N48769

We have received your document for CALADIUM ARTS & CRAFTS COOPERATIVE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page one is missing from the amendment document.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 213A00024420

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Caladium Arts & Crafts Cooperative, Inc.

DOCUMENT NUMBER: N48769

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

Please return all correspondence concerning this matter to the following:

Nancy T. Sanders

(Name of Contact Person)

Caladium Arts & Crafts Cooperative, Inc.

(Firm/ Company)

c/o P.O. Box 1071

(Address)

Lake Placid, FL 33862

(City/ State and Zip Code)

nancysanders@gmail.com

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

For further information concerning this matter, please call:

Nancy T. Sanders

(Name of Contact Person)

at (863) 259-7340

(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

FILED

13 NOV 14 PM 5:22

CALADIUM ARTS + CRAFTS COOPERATIVE, INC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N 48769

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

n/a

(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

NANCY T. SANDERS

104 HAPPINESS AVE

(Florida street address)

New Registered Office Address:

LAKE PLACID

(City)

Florida 33852

(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.

Nancy T. Sanders

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<input checked="" type="checkbox"/> <u>P</u>	<u>Judy Nicewicz</u>	<u>3061 Glacier Avenue</u> <u>Avon Park, FL 33825</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/>	<u>P</u>	<u>J.M. (Mike) Yeager</u>	<u>9011 Placid Lakes Blvd.</u> <u>Lake Placid, FL 33852</u>
3) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Patricia Pike</u>	<u>P.O. Box 1021</u> <u>Lake Wales, FL 33859</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/>	<u>VP</u>	<u>Suellen Robinson</u>	<u>309 Washington Blvd.</u> <u>Lake Placid, FL 33852</u>
5) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Maureen Fulginiti</u>	<u>235 Rail Avenue</u> <u>Sebring, FL 33870</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Margaret Bliss</u>	<u>149 Citrus Road NE</u> <u>Lake Placid, FL 33852</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

Remove: / T	Marjorie Callas	30 Crestview Ct.
		Lake Placid, FL 33852

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

Effective date if applicable: October 8, 2013
(no more than 90 days after amendment file date)

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 October 8, 2013

Signature

Judy Nicewicz, President

(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)

Judy Nicewicz

(Typed or printed name of person signing)

President

(Title of person signing)