

N 1300000377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/15/17--01012--008 **35.00

S TALLENT
DEC 07 2017

*Amend
N/C*

FILED
17 DEC -6 PM 2:30
CLERK OF COURT
701 ALABAMA ST
MONTGOMERY, AL 36102



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2017

THEODORE M. BURT, ESQ.
P O BOX 308
TRENTON, FL 32693

SUBJECT: TRENTON ROTARY CLUB, INC.
Ref. Number: N93000000377

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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 317A00023396

COVER LETTER

12/4/17

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRENTON ROTARY CLUB, INC

DOCUMENT NUMBER: N93000000377

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

Please return all correspondence concerning this matter to the following:

Theodore M. Burt, Esq.

Name of Contact Person

Firm/ Company

Post Office Box 308

Address

Trenton, FL 32693

City/ State and Zip Code

burt@svic.net

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

For further information concerning this matter, please call:

Theodore M. Burt

at (352)

463-2348

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)

Previously
Sent in

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

RECEIVED

17 DEC -6 PM 2:11

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

Trenton Rotary Club, Inc.

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

N93000000377

(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:

Rotary Club of Gilchrist County, Inc.

☒ 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)

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17 DEC -6 PM 2:30
NOTARY PUBLIC
J. A. ROBERTS, Esq.
Tallahassee, FL 32301

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:

(Florida street address)

New Registered Office Address:

_____, Florida _____
(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

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	P	Damon Leggett	1125 S Main Street #138
<input type="checkbox"/> Add			Trenton, FL 32693
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	P	Robert B. Clemons	3760 SW 65th Street
<input checked="" type="checkbox"/> Add			Trenton, FL 32693
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	PR C	Holly Creel	2317 NW 66th Court
<input checked="" type="checkbox"/> Add			Gainesville, FL 32653
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	M C	Matthew T. Gray	222 West Wade Street
<input checked="" type="checkbox"/> Add			Trenton, FL 32693
<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)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

Effective date if applicable: _____
(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 11/30/17

Signature Robert B. Clemons

(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)

Robert B. Clemons

(Typed or printed name of person signing)

President

(Title of person signing)