

N96000000644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

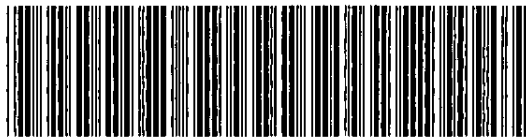
(Document Number)

Certified Copies _____

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TALLAHASSEE, FLORIDA

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10-29-08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MORNING STAR FOUNDATION, INC.

DOCUMENT NUMBER: N96000000644

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

Please return all correspondence concerning this matter to the following:

MARK N LENKER, JR

(Name of Contact Person)

(Firm/ Company)

600 N WILLOW STREET, SUITE 300

(Address)

TAMPA, FL 33606

(City/ State and Zip Code)

For further information concerning this matter, please call:

MARK N LENKER, JR

(Name of Contact Person)

at (813) 254-8080

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2008

MORNING STAR FOUNDATION, INC.
600 N WILLOW STREET
SUITE 300
TAMPA, FL 33606

SUBJECT: MORNING STAR FOUNDATION, INC.
Ref. Number: N96000000644

We have received your document for MORNING STAR FOUNDATION, INC. and your check(s) totaling \$612.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

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) 245-6059.

Leah R Gable
OPS

Letter Number: 008A00047271

mrl@ndlccpas.com

** Re-do Reinstmt w/ new name*

** consent app. my name dg by directors*

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TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N96000000644

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: _____

Effective date if applicable: October 15, 2008
(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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature

Mark N Lenker, Jr
(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.)

MARK N LENKER, JR

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

FILING FEE: \$35