

N96000003718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

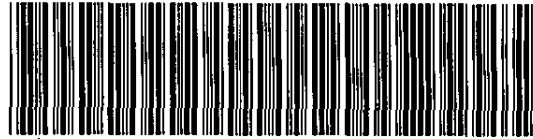
(Business Entity Name)

(Document Number)

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*Amend.*  
*01-10-14*  
*D*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2013

DAVID SOIFERMAN  
LAKE MAGDALENE SCHOOL DADS CLUB, INC.  
4522 WEST VILLAGE DR. #238  
TAMPA, FL 33624

SUBJECT: LAKE MAGDALENE SCHOOL DADS CLUB, INC.  
Ref. Number: N96000003718

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):

PAGE 4 OF THE DOCUMENT IS INCOMPLETE.

ALL DOCUMENTS MUST BE ONE-SIDED AS WE ARE UNABLE TO IMAGE TWO-SIDED DOCUMENTS.

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.

Darlene Connell  
Regulatory Specialist II

Letter Number: 213A00026451

*Please see enclosure with document on one-sided  
copies*

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DEPT OF STATE  
DIV OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LAKE MAGDALENE SCHOOL DADS CLUB, INC.

**DOCUMENT NUMBER:** N96000003718

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

Please return all correspondence concerning this matter to the following:

David Soiferman

Name of Contact Person

LAKE MAGDALENE SCHOOL DADS CLUB, INC.

Firm/ Company

4522 West Village Drive #238

Address

Tampa, FL 33624

City/ State and Zip Code

lmedads.treasurer@gmail.com

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

For further information concerning this matter, please call:

David Soiferman

Name of Contact Person

at ( 813 ) 789-5292

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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

LAKE MAGDALENE SCHOOL DADS CLUB, INC.

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

N96000003718

(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:**

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:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

4522 West Village Drive

#238

Tampa, FL 33624

**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

David Soiferman

2002 Pine Lake Drive

(Florida street address)

New Registered Office Address:

Tampa

Florida

33612

(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:**

X Change                      PT      John Doe

X Remove                     V      Mike Jones

X Add                         SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>FARAGUNA, MICHAEL</u>	<u>1217 S. PINE LAKE DRIVE</u>
<input type="checkbox"/> Add			<u>TAMPA, FL 33612</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>TIDWELL, KYLE</u>	<u>3703 THORNWOOD DRIVE</u>
<input type="checkbox"/> Add			<u>TAMPA, FL 33618</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>V</u>	<u>SPURLOCK, NICK</u>	<u>2539 KRUEGER LANE</u>
<input checked="" type="checkbox"/> Add			<u>TAMPA, FL 33618</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>T</u>	<u>SOIFERMAN, DAVID</u>	<u>13338 MORAN DRIVE</u>
<input checked="" type="checkbox"/> Add			<u>TAMPA, FL 33618</u>
<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			

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

[illegible]

The date of each amendment(s) adoption: October 1, 2013, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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

Jan 10, 2014

Signature

[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)

David N. Soiferman

(Typed or printed name of person signing)

Treasurer

(Title of person signing)