

N99000002583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
13 OCT 23 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Oct. 29, 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2013

ROBERT HERDMAN / DCC FOUNDATION, INC.
1050 PALM BLVD
DUNEDIN, FL 34698

SUBJECT: DCC FOUNDATION, INC.
Ref. Number: N99000002583

We have received your document for DCC FOUNDATION, 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):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 213A00022739

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **DCC Foundation, INC**

DOCUMENT NUMBER: **N99000002583**

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

Please return all correspondence concerning this matter to the following:

Robert H Herdman

(Name of Contact Person)

DCC Foundation, INC

(Firm/ Company)

1050 Palm BLVD

(Address)

Dunedin, FL 34698

(City/ State and Zip Code)

clwfl01@aol.com

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

For further information concerning this matter, please call:

James B Thompson

(Name of Contact Person)

at **727 447-2189**

(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)

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

APPROVED
AND
FILED

13 OCT 23 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DCC Foundation, INC

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

N99000002583

(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" 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:

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: N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

, Florida

(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

(Attach additional sheets, if necessary)

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.

Example:

Type of Action
(Check One)

Address

848 Harbor Island
Clearwater, FL 33767

Remove

1181 Fairway Drive
Dunedin, FL 34698

X Remove

2020 Maderia Avenue
Dunedin, FL 34698

X Remove

 Remove

Remove

[illegible]

Remove

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

N/A

The date of each amendment(s) adoption: _____
date this document was signed.

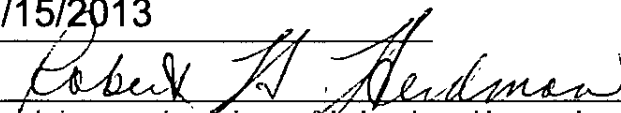
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 10/15/2013

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)

Robert H Herdman

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

APPROVED
AND
FILED

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TALLAHASSEE, FLORIDA