

PO6 000043354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

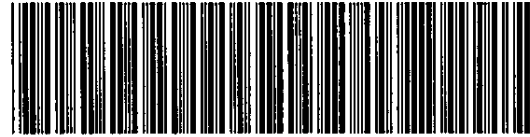
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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FORGOTTEN COAST TV, INC.

DOCUMENT NUMBER: P06000043354

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

Please return all correspondence concerning this matter to the following:

Donna Duncan

Name of Contact Person

Sanders and Duncan, P.A.

Firm/ Company

P.O. Box 157

Address

Apalachicola, FL 32329

City/ State and Zip Code

ddduncan@fairpoint.net

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

For further information concerning this matter, please call:

Donna Duncan

Name of Contact Person

at ( 850 ) 653-8976

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

**SANDERS AND DUNCAN, P.A.**

ATTORNEYS AT LAW  
80 MARKET STREET  
APALACHICOLA, FLORIDA 32320  
TEL (850) 653-8976  
FAX (850) 653-8743

BARBARA SANDERS  
BOARD CERTIFIED CRIMINAL TRIAL LAWYER  
E-MAIL bsanders@fairpoint.net

DONNA DUNCAN  
E-MAIL ddduncan@fairpoint.net

REPLY TO:  
POST OFFICE BOX 157  
APALACHICOLA, FLORIDA 32329

October 3, 2013


Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Forgotten Coast TV, Inc.

Dear Customer Service Representative,

Please find enclosed form for filing Articles of Amendment along with our trust check #5004 for \$52.50 as payment of the filing fees. If you should have any questions regarding this matter, please give us a call.

Sincerely,

  
Jessica Gay  
Legal Assistant

encl.

Articles of Amendment  
to  
Articles of Incorporation  
of

FORGOTTEN COAST TV, INC.

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

P06000043354

(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:**

*(Principal office address MUST BE A STREET ADDRESS)*

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

*(Mailing address MAY BE A POST OFFICE BOX)*

119 Hicks Lane

Apalachicola, FL 32320

**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 SANDERS AND DUNCAN, P.A.

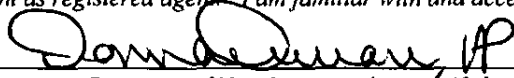
80 Market Street

*(Florida street address)*

New Registered Office Address: Apalachicola, Florida 32320  
*(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*

**Donna Duncan, VP**

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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Helen T. Spohrer</u>	<u>P.O. Box 423</u> <u>Apalachicola, FL 32329</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>ST</u>	<u>John B. Spohrer, Jr.</u>	<u>P.O. Box 423</u> <u>Apalachicola, FL 32329</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PST</u>	<u>Royce S. Rolstad, III</u>	<u>119 Hicks Lane</u> <u>Apalachicola, FL 32320</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Royce S. Rolstad, Jr.</u>	<u>1810 Bluff Rd</u> <u>Apalachicola, FL 32320</u>
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)

n/a

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,**  
**provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

n/a

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)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated September 30, 2013

Signature

Royce S. Rolstad, III P.S.

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Royce S. Rolstad, III

(Typed or printed name of person signing)

President/Secretary

(Title of person signing)