

N21646

(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:

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03/31/23--01023--002 *\$35.00

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07/26/2023
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2023

LAWRENCE WOOD
4419 W TRADEWINDS AVE
FT.LAUDERDALE, FL 33308

SUBJECT: NATIONAL SAVE THE SEA TURTLE FOUNDATION, INC.
Ref. Number: N21646

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 form you submitted is for a PROFIT CORPORATION, but your entity is a NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

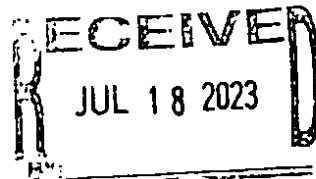
We are enclosing the proper form(s) with instructions for your convenience.

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.

Shaunteria Cobbs
Regulatory Specialist II

Letter Number: 623A00013469



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NATIONAL SAVE THE SEA TURTLE FOUNDATION, INC

DOCUMENT NUMBER: N21646

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

Please return all correspondence concerning this matter to the following:

LAWRENCE WOOD
Name of Contact Person

NATIONAL SAVE THE SEA TURTLE FOUNDATION, INC
Firm/ Company

4419 W. TRADEWINDS AVE
Address

FT LAUDERDALE FL 33308
City/ State and Zip Code

LARRY@FLORIDAHAWKS.BILLS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAWRENCE WOOD at (561) 309 8603
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)

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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

NATIONAL SAVE THE SEA TURTLE FOUNDATION

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

59-2828707

(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:

_____ *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**)

C. Enter new mailing address, if applicable: _____
(Mailing address **MAY BE A POST OFFICE BOX**)

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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:

(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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

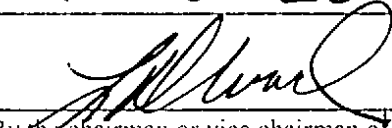
- | | | | |
|--|------------|------------------------|--|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add | <u>CEO</u> | <u>Frank Wojcik</u> | <u>3617 NE 23rd AVE</u>
<u>FT LAUDERDALE FL 33308</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add | <u>CEO</u> | <u>LAWRENCE WOOD</u> | <u>423 KENNEDY ST</u>
<u>JUPITER FL 33458</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>CARL FISHER III</u> | <u>9600 SAMPLE RD SUITE 201</u>
<u>CORAL SPRINGS FL</u>
<u>33065</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>MICHAEL OSBOWNE</u> | <u>1628 LLANI LANE</u>
<u>GULF BREEZE FL</u>
<u>32563</u> |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>VINCENT HAIBACH</u> | <u>9414 LUCILLE DR</u>
<u>EMME PA 16510</u> |
| 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)

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 7-13-23

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)

LAWRENCE D. WOOD
(Typed or printed name of person signing)

EXECUTIVE DIRECTOR
(Title of person signing)