

N930000000289

(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:

Office Use Only



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10/24/17--01007--020 **43.75

FILED
2018 NOV -7 PM 4: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cc
Name chg

NOV 08 2018

LALBRITTON

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: 100 Deputies, 100 Kids, Inc.

DOCUMENT NUMBER: N93000000289

The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Judie Edwards
(Name of Contact Person)

Volusia County Sheriff's Office – 100 Deputies/100 Kids, Inc.
(Firm/ Company)

123 W. Indiana Avenue
(Address)

DeLand, FL 32720
(City/ State and Zip Code)

Jedwards@vcsso.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call :

Judie Edwards at 386-736-5961 x 13572
(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:

Fee was previously paid – the wrong form was submitted at that time. Please see attached documentation.

- \$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)

RECEIVED

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6322
Tallahassee, FL 32314

2018 NOV 7 AM 10:34
SECRET
OFFICE OF THE STATE
CLERK
TALLAHASSEE, FL

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2017

CARLA QUANN
VOLUSIA COUNTY SHERIFF'S OFFICE
123 WEST INDIANA AVENUE
DELAND, FL 32724

SUBJECT: 100 DEPUTIES, 100 KIDS, INC.
Ref. Number: N93000000289

We have received your document for 100 DEPUTIES, 100 KIDS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 717A00021560

RECEIVED
17 NOV 20 PM 1:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2017

CARLA QUANN
VOLUSIA COUNTY SHERIFF'S OFFICE
123 WEST INDIANA AVENUE
DELAND, FL 32724

SUBJECT: 100 DEPUTIES, 100 KIDS, INC.
Ref. Number: N93000000289

We have received your document for 100 DEPUTIES, 100 KIDS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 217A00023545

RECEIVED
18 MAR 23 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2018

CARLA QUANN
VOLUSHIA COUNTY SHERIFF'S OFFICE
123 WEST INDIANA AVENUE
DELAND, FL 32724

SUBJECT: 100 DEPUTIES, 100 KIDS, INC.
Ref. Number: N93000000289

We have received your document for 100 DEPUTIES, 100 KIDS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 618A00005962

Articles of Amendment
to
Articles of Incorporation
of

FILED
2018 NOV -7 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100 Deputies, 100 Kids, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N93000000289
(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:

Sheriff's Holiday Program, Inc. *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)**

123 W. Indiana Avenue
DeLand, FL 32724

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

same: 123 W. Indiana Avenue
DeLand, FL 32724

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: Same: Judith R. Edwards
123 W. Indiana Avenue, DeLand, FL 32720
(Florida street address)

New Registered Office Address:

No change (See above) Florida
(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, Saffy 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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>K</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>K</u> Add	<u>SY</u>	<u>Sally Smith</u>

<u>Type of Action</u> <i>(Check One)</i>	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	_____	_____ <u>NO CHANGES</u> _____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<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	_____	_____	_____

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)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 November 2, 2018

Signature 
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator, or in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Judith Edwards
(Typed or printed name of person signing)

Treasurer / Registered Agent
(Title of person signing)