

730754

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TALLAHASSEE, FLORIDA

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VISUALLY
IMPAIRED
PERSONS
SOUTHWEST FLORIDA



VISUALLY IMPAIRED
PERSONS OF
SOUTHWEST FLORIDA

35 West Mariana Avenue
North Fort Myers, FL 33903

239.997.7797 phone
239.997.8462 fax

BOARD OF DIRECTORS

EVAN CONNELL, President

RACHELLE YOUNG, Vice-President

CYNTHIA CABO SELLERS, Secretary

DR. ANGELA KAPLAN, OD, Treasurer

DEBBIE CONRAD, Past President

DIRECTORS-AT-LARGE

BOBBIE DAVIS

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DR. JAY S. ROSEN, OD

MARK SCHULTZ

DR. STEPHEN E. SMITH, MD

May 9, 2012

Ms. Karen Gibson, Division Representative
FL Dept. of State – Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Karen:

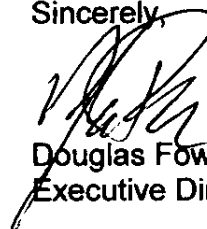
The Board of Visually Impaired Persons of Southwest Florida, Inc. unanimously voted on May 2, 2012 to change the name of this non-profit agency to **"Lighthouse of Southwest Florida, Inc."**

The Board also voted to utilize **"Lighthouse of SWFL"** as a fictitious name for marketing and public relations purposes.

Enclosed are the completed applications for Articles of Amendment and Registration of Fictitious Name. A check for \$93.75 is enclosed to cover the cost of fees for both.

Please contact me if you have questions or suggestions to expedite this process.

Sincerely,


Douglas Fowler
Executive Director


Evan Connell
President, Board of Directors

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2012 MAY 11 AM 8:45

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING



Planning, Budgeting and Management
Division of Blind Services

Florida Department of Education



LEE COUNTY
SOUTHWEST FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Visually Impaired Persons of Southwest Florida, Inc.

DOCUMENT NUMBER: 730754

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

Please return all correspondence concerning this matter to the following:

Douglas Fowler, LMHC

(Name of Contact Person)

Visually Impaired Persons of Southwest Florida, Inc.

(Firm/ Company)

35 West Mariana Avenue

(Address)

North Fort Myers, FL 33903

(City/ State and Zip Code)

dfowler@vipcenter.org

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

For further information concerning this matter, please call:

Douglas Fowler

(Name of Contact Person)

at (**239**) **997-7797**

(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

Visually Impaired Persons of Southwest Florida, Incorporated

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

730754

(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:

Lighthouse of Southwest Florida, 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)

C. Enter new mailing address, if applicable:

(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:

(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

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12 MAY 11 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change <u> </u> Add <u> </u> Remove	_____	_____	_____ _____ _____
2) <u> </u> Change <u> </u> Add <u> </u> Remove	_____	_____	_____ _____ _____
3) <u> </u> Change <u> </u> Add <u> </u> Remove	_____	_____	_____ _____ _____
4) <u> </u> Change <u> </u> Add <u> </u> Remove	_____	_____	_____ _____ _____
5) <u> </u> Change <u> </u> Add <u> </u> Remove	_____	_____	_____ _____ _____
6) <u> </u> Change <u> </u> Add <u> </u> Remove	_____	_____	_____ _____ _____

[illegible]

The date of each amendment(s) adoption: May 2, 2012

Effective date if applicable: Upon approval by State of Florida
(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 May 9, 2012

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)

Evan Connell

(Typed or printed name of person signing)

President, Board of Directors

(Title of person signing)