

761208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

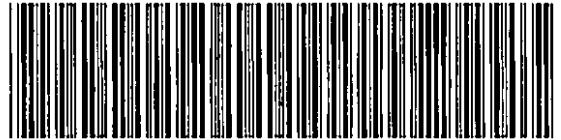
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*wrong form - 6422*

Office Use Only



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07/18/18--01001--002 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUL 15 PM 1:33

*Amend*

AUG 17 2018

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Collier Building Industry Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 761208

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Curatolo  
Name of Contact Person  
Collier Building Industry Association, Inc.  
Firm/Company  
3200 Bailey Lane, Suite 110  
Address  
Naples, FL 34105  
City/State and Zip Code  
kathy@cbia.net  
E-mail address: (to be used for future annual report notification)

FILED  
STATE  
DIVISION OF CORPORATIONS  
18 JUL 16 PM 1:33

For further information concerning this matter, please call:

Kathy Curatolo at ( 239 ) 436-6100  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED  
18 JUL 16 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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



August 8, 2018

To Whom it May Concern,

Please find attached completed paperwork as requested via letter # 518A00015390 also attached. Please contact us should you require anything further to make the requested change. Thank you in advance for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kathleen Curatolo', written over a horizontal line.

Kathleen Curatolo

Executive VP, CBIA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2018

KATHY CURATOLO  
COLLIER BUILDING INDUSTRY ASSOCIATION  
3200 BAILEY LANE, SUITE 110  
NAPLES, FL 34105

SUBJECT: COLLIER BUILDING INDUSTRY ASSOCIATION, INC.  
Ref. Number: 761208

We have received your document for COLLIER BUILDING INDUSTRY ASSOCIATION, 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):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 518A00015390

RECEIVED  
18 AUG 16 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

COLLIER BUILDING INDUSTRY ASSOCIATION

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

761208

(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 "Incorporated"  
"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:

\_\_\_\_\_, 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

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STATE  
SECRETARY OF CORPORATIONS  
19 AUG 1984 11:39

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>ANTHONY FORTINO</u> <u>(PRESIDENT)</u>	<u>780 5TH AVE. S. SUITE 200</u> <u>NAPLES FL 34102</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PT</u>	<u>RYAN BENSON</u> <u>(FROM PRESIDENT-ELECT</u> <u>TO PRESIDENT)</u>	<u>1175 1ST AVE. S.</u> <u>NAPLES FL 34102</u>
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	_____	_____	_____

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

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

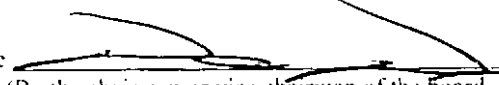
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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 8.8.18

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)

DAVE DUNNAVANT  
(Typed or printed name of person signing)

IMMEDIATE PAST PRESIDENT  
(Title of person signing)