

706626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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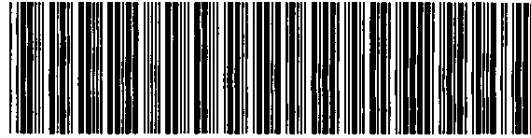
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 JUL -3 AM 9:47

JUL 10 2017

C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Society of Accounting & Tax Professionals, Inc.

DOCUMENT NUMBER: 706626

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

Please return all correspondence concerning this matter to the following:

Marcia J Cochran

(Name of Contact Person)

(Firm/ Company)

12523 Merry Lane

(Address)

Bayonet Point FL 34667

(City/ State and Zip Code)

fsatpstate@yahoo.com

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

For further information concerning this matter, please call:

Marcia J Cochran

727

808-4590

at

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

RECEIVED
DIVISION OF CORPORATIONS
JUL 3 4 43 AM '03

Articles of Amendment
to
Articles of Incorporation
of

Florida Society of Accounting & Tax Professionals, Inc.

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

706626

(Document Number of Corporation (if known))

RECEIVED
DIVISION OF CORPORATIONS
2017 JUL -3 AM 9:49

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)

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>S</u>	<u>Wolff, Nikki</u>	<u>PO Box 159</u>
<input type="checkbox"/> Add			<u>Lehigh Acres FL 33970</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>PP</u>	<u>Bowers, Robert L</u>	<u>PO Box 159</u>
<input type="checkbox"/> Add			<u>Lehigh Acres FL 33970</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>Larrisey, Paula J</u>	<u>5836 54 Ave, N</u>
<input type="checkbox"/> Add			<u>Kenneth City FL 33709</u>
<input checked="" type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>PP</u>	<u>Null, Estil J</u>	<u>1255 N 15 St, Ste 3</u>
<input type="checkbox"/> Add			<u>Immokalee FL 34142</u>
<input type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	<u>PE</u>	<u>Harris, Richard W</u>	<u>7971 NW 89th Lane</u>
<input type="checkbox"/> Add			<u>Tamarac FL 33321</u>
<input type="checkbox"/> Remove			
6) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Leppo, Laurie</u>	<u>3411 Tamiami Tr, N, Ste 201</u>
<input type="checkbox"/> Add			<u>Naples FL 34103</u>
<input type="checkbox"/> Remove			

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:

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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	<u>VP</u>	<u>Deetscreek, David D</u>	<u>PO Box 159</u>
<input checked="" type="checkbox"/> Add			<u>Lehigh Acres FL 33970</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>T</u>	<u>Jacobs, Roger H</u>	<u>PO Box 38</u>
<input checked="" type="checkbox"/> Add			<u>Brooksville FL 34605</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>S</u>	<u>Odem, Steve</u>	<u>3703 Publix Road</u>
<input checked="" type="checkbox"/> Add			<u>Lakeland FL 33810</u>
<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			

(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

June 23, 2017

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

June 23, 2017

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.

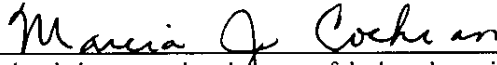
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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.

June 26, 2017

Dated _____

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)

Marcia J Cochran

(Typed or printed name of person signing)

Executive Director

(Title of person signing)