

709618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

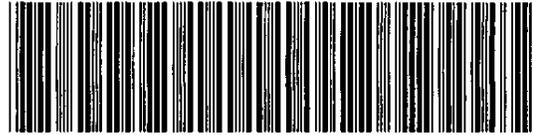
(Business Entity Name)

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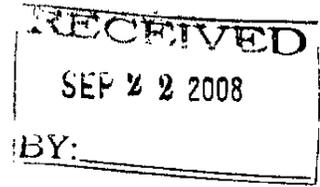
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N.C.
C.COULLETTE
OCT 16 2008
EXAMINER

COVER LETTER



TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Association of Architects Foundation Inc

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Vicki L. Long, CAE/EVP
(Name of Contact Person)

FL Assuc of the American Inst. of Architects
(Firm/ Company)

104 E Jefferson St.
(Address)

Tallahassee, FL 32301
(City/ State and Zip Code)

For further information concerning this matter, please call:

Barbara Hemison at (850) 222-7590
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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

The date of adoption of the amendment(s) was: Feb 1, 1990

Effective date if applicable: _____
(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 was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

JOHN P. HIRIK

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35