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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tamp	a Electric Employ	yees Benefit As	sociation, Inc.
DOCUMENT NUMBER: 711112			·
The enclosed Articles of Amendment and	l fee are submitted for f	iling.	
Please return all correspondence concern	ing this matter to the fol	lowing:	
·	Brian Collette		
	(Name of Contact Per		
I ampa Elect	ric Employees Bene (Firm/ Company)		C.
	311 Halton Circ		
	(Address)		
	Seffner, FL 335	84	
·	(City/ State and Zip C	Code)	
E mail address	teeba@aol.cor		tion
	•	amuai report nounca	
For further information concerning this n	natter, please call:	;	٠
Charlie Gillespie		813) 220-068	
(Name of Contact Person)		(Area Code & Daytin	ne Telephone Number)
Enclosed is a check for the following am	ount made payable to th	e Florida Department	of State:
□\$35 Filing Fee □\$43.75 Filing Certificate of Sta	ntus Certifie	onal copy is	図 \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

Articles of Amendment to Articles of Incorporation of

Tampa Electric Employees Benefi	it Association, Inc.	
(Name of Corporation as currently filed with	the Florida Dept. of State)	
711112		
(Document Number of Corporate	tion (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporat	ion adopts
A. If amending name, enter the new name of the corporation	<u>on;</u> .	
The Electric Employees Benefit	Association, Inc.	هيد رين
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no		o She
B. Enter new principal office address, if applicable:	311 Halton Circle	<u>~</u> ~
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Seffner, FL 33584	* ≥
	Lor	10: 48
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 6555	m ∞
	Seffner, FL 33583	
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) 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)

Title	<u>Name</u>	•	<u>Address</u>	1	Type of Action
					☐ Add · · · Remove
					Add Remove
· 		· · · · · · · · · · · · · · · · · · ·		•	☐ Add - ☐ Remove
- E. If amendin	g or adding additional .	Articles, enter c	hange(s) here:		
(attach addi	g or adding additional . tional sheets, if necessar	y). (Be specific	2)		
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The date of each amendme	ent(s) adoption: March 11, 2010	<u> </u>
Effective date if applicable	(date of adoption is r	equired)
•	(no moré than 90 days after am	endment file'date)
Adoption of Amendment(s	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the numb	er of votes cast for the amendment(s)
There are no members of adopted by the board of	or members entitled to vote on the amendme	nt(s). The amendment(s) was/were
•		
Dated Ju	ne 14, 2010	
Signature	x Charlie Sillespie	
	By the chairman or vice chairman of the bos ave not been selected, by an incorporator – ther court appointed fiduciary by that fiduci	if in the hands of a receiver, trustee, c
	Charlie Gilles	pie
	(Typed or printed name of p	erson signing)
	President	
	(Title of person signing	ng)

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