

7401621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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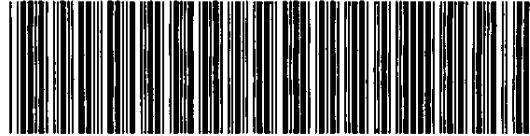
(Business Entity Name)

(Document Number)

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SEP 14 2015  
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2015 SEP -6 PM 5:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**NAME OF CORPORATION:** Florida Occupational Therapy Association, Inc.

**DOCUMENT NUMBER:** 740621

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

Please return all correspondence concerning this matter to the following:

Kathleen B. Frahm  
(Name of Contact Person)

Florida Occupational Therapy Association, Inc.  
(Firm/Company)

1133 Bal Harbor Blvd., Ste 1139 PMB 200  
(Address)

Punta Gorda, FL 33950  
(City/State and Zip Code)

frahmk@bellsouth.net  
E-mail address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Kathleen B. Frahm at 786-393-7807  
(Name of Contact Person) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

**\$43.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)**

Articles of Amendment  
to  
Articles of Incorporation  
of

**Florida Occupational Therapy Association, Inc.**

**Document No. 740621**

- Pursuant to the provisions of Section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendments to its *Articles of Incorporation*:

<b>FIRST</b>	The new Principle Address is	<b>1133 Bal Harbor Blvd., Ste. 1139 PMB 200 Punta Gorda, Florida 33950</b>
<b>SECOND</b>	The new Mailing Address is	<b>1133 Bal Harbor Blvd., Ste. 1139 PMB 200 Punta Gorda, Florida 33950</b>
<b>THIRD</b>	The name of the new Registered Agent The new Registered Office Address	<b>Kathleen B. Frahm 1133 Bal Harbor Blvd., Ste. 1139 PMB 200 Punta Gorda, Florida 33950</b>

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
\_\_\_\_\_  
Signature of New Registered Agent

#### **FOURTH** Change of Officer

## Remove Officer

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