# 766888

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE

10-11-10

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ION: EMPLOYERS AS	SOC	OITAL	OF FLOR	RIDA, INC.
DOCUMENT NUMBER:	766888		• • • • • • • • • • • • • • • • • • • •		
The enclosed Articles of Ar	mendment and fee are submitt	cd for f	iling.		
Please return all correspond	dence concerning this matter to	the fol	llowing:	٠	
	Rita K.				
	(Name of Cor	itact Pe	rson)		
	Employers Associa	tion of	Florida,	Inc.	
<del> </del>	(Firm/ Co	mpany	)		
	1200 W. State Roa	ad 434	l. Suite 2	206	
	(Addı		,		
	Longwood,	EI 33	751		
ATT 1.00 TO 1.	(City/ State ar				
		e	_		
	rita@ea E-mail address: (to be used fo			port notification	<u>n)</u>
For further information con	ncerning this matter, please cal	1:			
Thomas C. Garwood,	Jr., Esquire	at (	407 )	418-2300	
	ontact Person)		(Area Co	de & Daytime	Telephone Number)
Enclosed is a check for the	following amount made payal	ble to th	ne Florida	Department of	State:
	ertificate of Status	Certifie	75 Filing ed Copy onal copy ed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee	nt Section Corporations 327	. ••	Division of Clifton Bu	ent Section of Corporations	rcle

Tallahassee, FL 32301

#### **Articles of Amendment** to

### AMOCT OF SAIL Articles of Incorporation of EMPLOYERS ASSOCIATION OF FLORIDA, INC. (Name of Corporation as currently filed with the Florida Dept. of State) 766888

Pursuant to the provisions of section 617 1006. Florida Statutes, this Florida Not For Profit Corporation adopts

(Document Number of Corporation (if known)

EMPLOYERS ASS	SOCIATION	FORUM, INC.	
e new name must be distinguishable and con breviation "Corp." or "Inc." <mark>"Company" or</mark>			corporated" or the
Enter new principal office address, if applirincipal office address MUST BE A STREET		N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u> )	N/A	
If amonding the registered agent and/or re	gistared office	address in Florida a	nter the name of th
If amending the registered agent and/or re new registered agent and/or the new regist			nter the name of th
			nter the name of th
new registered agent and/or the new regist		dress:	nter the name of th
new registered agent and/or the new regist	ered office add	dress: N/A	nter the name of th
Name of New Registered Agent:	ered office add	N/A  N/A  ida street address)	 , Florida
Name of New Registered Agent:	ered office add	dress: N/A N/A	<del></del>

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		
	N/A		
	N/A		
E. If americation	nding or adding additional A additional sheets, if necessary)	rticles, enter change(s) here: . (Be specific)	

The date of each 'amendn'	ent(s) adoption: August 18, 2010
Effective date if applicable	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(	s) ( <u>CHECK ONE</u> )
The amendment(s) was was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.
There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated	October 4, 2010
Signature	Rita K. Many
	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)
	Rita K. Manny
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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