767096

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COVER LETTER

TO: Amendment Section Division of Corporations

DEAF SERVICE (NAME OF CORPORATION:	CENTER OF SOUTHWES'	r florid	A, INC.	
767096				
DOCUMENT NUMBER:		-		
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
DIANNA DRUDING				
	(Name of Contact Person	1)		
DEAF SERVICE CENTER OF SOUTHWEST FLO	ORIDA, INC.			
	(Firm/ Company)			
1860 BOY SCOUT DRIVE UNIT B208		_		
	(Address)			
FORT MYERS, FL 33907				
	(City/ State and Zip Code	e)		
DIANNA@DHHC.LIFE				
E-mail address: (to be us	ed for future annual report	notification	n)	
For further information concerning this matter, plea	se call:			
DIANNA DRUDING	at	9	461-0334	
(Name of Contact Pers		rea Code)	(Daytime Telephone Number)	}
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of	State:	
\$35 Filing Fee	& \$\square\$\$\$ \$\square\$\$ Certified Copy (Additional copy is enclosed)	Certit Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address		Address	ion	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DEAF SERVICE CENTER OF SOUTHWEST FLORIDA, INC.

(Name of Corporation as current	ly filed with the Florida Dept. of State)			
767096		<u>-</u>		
(Document Number	er of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation a	adopts the following		
A. If amending name, enter the new name of the corporati				
SALLY J. PIMENTEL DEAF AND HARD OF HEARING C		The new		
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.		"Corp." or "Inc."		
B. Enter new principal office address, if applicable:	1860 BOY SCOUT DRIVE UNIT B208			
(Principal office address MUST BE A STREET ADDRESS)) FORT MYERS, FL 33907			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME			
(Matting duaress MAT BE A FOST OFFICE BOX)				
		25 T		
		F-C: 00		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, enter the name of th	120 - 2		
N/A	44.43.5	in ∞		
Name of New Registered Agent:				
		055 N		
New Registered Office Address:	(Florida street address)	21 DA		
N/A	, Floric	a		
u		Code)		
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fair	Agent: miliar with and accept the obligations of the	position.		
	NIA			
S	ignature of New Registered Agent, if changi	ng		

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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally So	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
i) Change	Board M	DANA VARGAS	1822 8TH PLACE
Add			CAPE CORAL, FL 33993
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
^d d			
Remove			
6) Change			
Add	<u></u>		
Remove			

(attach additional sheet	additional Articles, enter change(s) here: s, if necessary). (Be specific)
MENDING ARTICLE I	. The name of this corporation is Sally J. Pimentel Deaf and Hard of Hearing Center, Inc.
· · · · · · · · · · · · · · · · · · ·	

	JANUARY 12, 2018	
The date of each amendmen late this document was signed		, if other than th
Effective date if applicable:	JANUARY 15, 2018	
enective date is applicable.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date wil the Department of State's records.	I not be listed as the
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) pproval.	
There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	18	
Signature	amas Danday)	
have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
DI	ANNA DRUDING	
	(Typed or printed name of person signing)	
ЕХ	CECUTIVE DIRECTOR	
_	(Title of person signing)	