

767314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

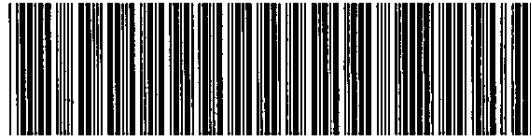
(Business Entity Name)

(Document Number)

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FILED
2017 MAY 17 P 4: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX
MAY 23 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Developmental Education Association

DOCUMENT NUMBER: 767314

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

Please return all correspondence concerning this matter to the following:

Sharisse Turner

(Name of Contact Person)

Florida Developmental Education Association

(Firm/ Company)

444 Appleyard Drive

(Address)

Tallahassee, FL 32304

(City/ State and Zip Code)

turners@tcc.fl.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharisse Turner

850

201-8582

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2017

SHARISSE TURNER
444 APPLEYARD DR
TALLAHASSEE, FL 32304

SUBJECT: FLORIDA DEVELOPMENTAL EDUCATION ASSOCIATION, INC.
Ref. Number: 767314

We have received your document for FLORIDA DEVELOPMENTAL EDUCATION ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the first page of the amendment please give the name and document number of the corporation.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 717A00008706

RECEIVED
17 MAY 22 PM 4:32
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Florida Developmental Education Association

(Name of Corporation as currently filed with the Florida Dept. of State)

767314

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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: Sharisse Turner

444 Appleyard Drive
(Florida street address)

New Registered Office Address:
Tallahassee, Florida 32304
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Sharon Williams</u>	<u>St. Petersburg College</u>
<input type="checkbox"/> Add			<u>244 Second Avenue</u>
<input checked="" type="checkbox"/> Remove			<u>St. Petersburg, FL 32246</u>
2) <input type="checkbox"/> Change	<u>T</u>	<u>Donna Martin</u>	<u>c/o Donna Martin</u>
<input type="checkbox"/> Add			<u>2120 Highland Street</u>
<input checked="" type="checkbox"/> Remove			<u>Fernandina Beach, FL 32034</u>
3) <input type="checkbox"/> Change	<u>S</u>	<u>Marilyn Metzcher-Smith</u>	<u>Florida State College at</u>
<input type="checkbox"/> Add			<u>Jacksonville, South Campus</u>
<input checked="" type="checkbox"/> Remove			<u>Jacksonville, FL 32246</u>
4) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Sharisse Turner</u>	<u>Tallahassee Community College</u>
<input type="checkbox"/> Add			<u>444 Appleyard Drive</u>
<input type="checkbox"/> Remove			<u>Tallahassee, FL 32304</u>
5) <input type="checkbox"/> Change	<u>V</u>	<u>Barbara LeBranch</u>	<u>Seminole State College</u>
<input checked="" type="checkbox"/> Add			<u>100 Weldon Boulevard</u>
<input type="checkbox"/> Remove			<u>Sanford, FL 32773</u>
6) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>David DelRossi</u>	<u>Tallahassee Community College</u>
<input type="checkbox"/> Add			<u>444 Appleyard Drive</u>
<input type="checkbox"/> Remove			<u>Tallahassee, FL 32304</u>

E. **If amending or adding additional Articles, enter change(s) here:**
(attach additional sheets, if necessary). (Be specific)