

767314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

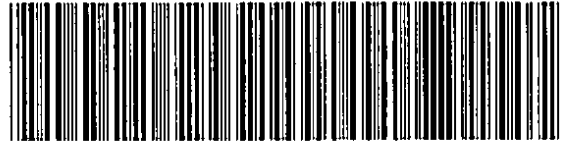
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2022 MAR 11 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FL

cf 3/22/2022

COVER LETTER

RECEIVED

TO: Amendment Section
Division of Corporations

2022 MAR 11 AM 11:41

NAME OF CORPORATION: Florida Developmental Education Association, Inc.
TALLAHASSEE, FL

DOCUMENT NUMBER: 767314

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

Please return all correspondence concerning this matter to the following:

Susan Wessner

(Name of Contact Person)

(Firm/ Company)

444 Appleyard Drive

(Address)

Tallahassee, FL 32304

(City/ State and Zip Code)

Susan.Wessner@tcc.fl.edu

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

For further information concerning this matter, please call:

Susan Wessner

(Name of Contact Person)

at (850) 201-8230

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|--|--|---|---|
| <input 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 checked="" 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



RECEIVED

2022 MAR 11 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FL

**Executive Board of
Directors**

Elizabeth Smith
President
State College of Florida

Susan Wessner
President-Elect
Tallahassee Community College

Sharisse Turner
Past-President
Treasurer
Tallahassee Community College

Jean Marshall
Secretary
Tallahassee Community College

Elaina Lammason
Membership Chair
Florida State College of
Jacksonville

March 9, 2022

To Whom it May Concern:

I recently submitted paperwork for a name change for our association that was returned because I used the incorrect form. I have attached the correct paperwork and a copy of our deposited check for \$80.00. We are requesting paperwork that totals \$52.50. Please refund the \$27.50 to our association. The check must be made payable to Florida Developmental Education Association (FDEA). We cannot change our name with our bank until it is changed with the Department of State. Please contact me at 850-201-8230 with any questions.

Kind regards,
Susan Wessner
FASS Vice-President

Articles of Amendment
to
Articles of Incorporation
of

FILED
2022 MAR 11 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FL

Florida Developmental Education Association, Inc.
(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:

Florida Association for Student Success, Inc. 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:

Susan Wessner

444 Appleyard Dr.

(Florida street address)

New Registered Office Address:

Tallahassee

(City)

Florida

32304

(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.

Susan L. Wessner

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)

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated March 8, 2022

Signature Susan L. Wessner

(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)

Susan L. Wessner
(Typed or printed name of person signing)

Vice President
(Title of person signing)