# 767397

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Deaf and Hard of Heaving Services of Florida,	C.
DOCUMENT NUMBER: 767397	,
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jennifer Hess (Name of Contact Person)	
Deaf and Hard of Hearing Services of Florida, Inc. (Firm/Company)	
9130 Ridge Road (Address)	
New Port Richey, FLorida 341054 (City/ State and Zip Code)	
Less C deathhstla. 000 E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jennifer Hess at 727-853-1010 = (Name of Contact Person) (Area Code) (Daytime Telephone Number)	1
Enclosed is a check for the following amount made payable to the Florida Department of State:	
(Name of Contact Person)  (Name of Contact Person)  (Area Code)  (Daytime Telephone Number)  (Additional Copy to Certificate of Status  (Additional copy is certified Copy (Additional Copy is Enclosed)  (Additional Copy is Enclosed)	エー
Mailing Address Amendment Section  Street Address Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

to

# Articles of Incorporation of

Deaf and Hard of Hearing	a Services of Florida, Inc.	<u> </u>
(Name of Corporation as currently filed with the F	logida Dept. of State)	
	767397	
(Documen	t Number of Corporation (if known)	<del></del>
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation adopts the follow	ing
A. If amending name, enter the new name of the co	orporation:	
and contain the word "	The n- corporation" or "incorporated" or the abbreviation "Corp." or "Inc	
"Company" or "Co," may not be used in the name.	corporation of incorporated of the anti-evaluation corp. or the	•
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
	·	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)	
(muning universe may be a rost of rice no		_
D. If amending the registered agent and/or register		
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:	- ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω ω	202
	Z-CS	≥ .17
·	(Florido street address)	-R
New Registered Office Address:	(Florida street address)	6
	, Florida	
_	(City) (Zip Code) TT (J.	' 1
	m S	,
New Registered Agent's Signature, if changing Reg	I am familiar with and accept the obligations of the position.	20
A to any and any and any and any and any and any		
	Signature of New Registered Agent, if changing	<del></del>
	Signature of New Registered Agent, if changing	

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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 = Viv.e 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 De           V         Mike Je           SV         Sally S	ones			
Type of Action (Check One)	Title	<u>Name</u>	Address		
1) Change Add	Socretary	Brenda Garone	9130 Ridge Rd New Port Richary FL 34654		
Remove  2) Change Add	Dic	Julca Hichalka	9130 Ridge Rd New Port Richay FL 34654		
Remove Change Add Remove	200		20:		
4) Change Add	<del></del>		ECHEIAE TALLAHI		
Remove  5) Change Add			-6 AM 7: 20		
Remove 6) Change Add			0		
E. If amending or additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
Amend Article III. Paragraph (a) to state the Business affairs of the corporation shall be managed by a Board of Directors consisting of at least Six (le) and no more than Twelve (12) individuals; and					

was/were sufficient for approval.

. 2023 APR -6 AH 7: 20 SECRETARY OF STATE