NOOCCCCC 497

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
FEB - 7 2022

Office Use Only



800379600048



PILED
2022 JAH 20 AM II: 05
SECRETARY DE SEA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI		CIATION OF INSUE	RANCE AND I	FINANCIAL ADVISORS-TAMPA,
DOCUMENT NUMBER:	N000000000497			
The enclosed Articles of An	nendment and fee are subr	nitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
Celine J. Pastore				
		(Name of Contact P	erson)	
NAIFA-Tampa bay				
·		(Firm/ Compan	y)	
PO Box 21824				
		(Address)		
Tampa FL 33622				
		(City/ State and Zip	Code)	
president@naifatampa.org				
	E-mail address: (to be used	Tor future annual re	port notificatio	n)
For further information con	cerning this matter, please	call:		
Celine J Pastore		at	727	304-6000
	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	iyable to the Florida	Department of	State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee licate of Status lied Copy tional Copy is used)
	Address ent Section of Corporations	Αī	reet Address nendment Sect vision of Corp	
	(227		a Contro of T	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

FILED

2022 JAN 20 AM II: 05

NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS-TAMPA, INC.

NATIONAL ASSOCIATION OF INSURANCE AS		SURS-TAMPA, INC.	- SECRETARY OF STA
(Name of Corporation as currently filed with the	Florida Dept. of State)		TATLAHASSES, FUR
N0000000497	<u> </u>		
(Docume	nt Number of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006, Floridament(s) to its Articles of Incorporation:	da Statutes, this <i>Florida</i>	Not For Profit Corporation	r adopts the following
A. If amending name, enter the new name of the	corporation:		
NAIFA-Tampa Bay Inc.			The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	'corporation' or "incor	rporated" or the abbreviatio	n "Corp." or "Inc."
3. Enter new principal office address, if applicab	220 Alt 19		
Principal office address MUST BE A STREET AD		FL 34683	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		<u> </u>
			
 If amending the registered agent and/or registered new registered agent and/or the new registered. 		Florida, enter the name of t	<u>the</u>
	Celine J Pastore		
Name of New Registered Agent:			
2	20 Alt 19		
New Registered Office Address:	 .	(Florida street address)	
	alm Harbor		34683
r 		, Flori	da
	(City)	(24)	p Code)
New Registered Agent's Signature, if changing Re			
hereby accept the appointment as registered agent.	I am familiar with and	l accept the opligations of the	e position. T
_	Signature of New	Registered Agent, if changi	ing
		\ /	

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 De V Mike Jo SV Sally Sr	ne <u>s</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add Remove	<u>IPP</u>	Garrabrant, Patrick	5602 12th Avenue S. Gulfport FL 33707
2) × Change Add	<u>P</u>	Pastore, Celine J.	220 Alt 19 Palm Harbor FL 34683
Remove 3) Remove Add * Remove	<u>VP</u>	Nguyen, Kate	PO Box 21824 Tampa FL 33622
4) Change Add	<u>VP</u>	Joanne Dauphin	5444 Park Blvd Ste 1 Pinellas Park FL 33781
Remove 5) Change Add Remove			
δ) Change Add			
E. If amending or adding (attach additional shee		cles, enter change(s) here: (Be specific)	

		
		
		
	<u></u>	,,
		<u>.</u>
The date of each amendment date this document was signed	(s) adoption:	, if other than the
Effective date if applicable:	January 1, 2022	
Enecuse date <u>it applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirement of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the proval.	amendment(s)

. . .

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Signature (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) Celine J Pastore
(Typed or printed name of person signing)
President
(Title of person signing)