# N0100000064

| (Re                     | questor's Name)   |             |
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# **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF (      | CORPOR                         | ATION: Internation  | al Chaplains Asso   | ciation of Florid  | a, Inc.            |                 |
|----------------|--------------------------------|---|---|--|--------------------|-----------------|
| DOCUMEN        | T NUMBI                        | ER: N0100000106   | 4   |  | ,                  |                 |
| The enclosed   | Articles o                     | f Amendment and fee   | are submitted for fili  | ng.  |                    |                 |
| Please return  | all corresp                    | ondence concerning the  | nis matter to the follo   | wing:  |                    |                 |
| E              | ula Nelse                      | on  |   |  |                    |                 |
|                |                                | (Name of  | Contact Person)   |  | _                  |                 |
| C              | DC Con                         | sulting Firm  |   |  | 07                 | *****           |
|                |                                | (Firm   | / Company)  |  | 三三三三               | Ç               |
| 4              | 699 Nort                       | h SR 7, Suite Z   |   |  | O7 MAR 29 AM 8: 00 |                 |
|                |                                | (/  | Address)  |  | = <del>-</del>     | 140<br>121<br>1 |
| Т              | amarac,                        | FL 33319  |   |  | AM 8: 00           | C               |
|                |                                | (City/ Sta  | te and Zip Code)  |  | _                  |                 |
| For further in | nformation                     | concerning this matter  | r, please call:   |  |                    |                 |
| Eula Nelso     | on                             |   | at (_954  | 486-9595   | •                  |                 |
|                | (Name of                       | Contact Person)   | (Area Cod   | e & Daytime Telepho  | ne Number)         | I               |
| Enclosed is a  | check for                      | the following amount:   |   |  |                    |                 |
| □ \$35         | Filing Fee                     | \$43.75 Filing Fee & Certificate of Status                        | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing F<br>Certificate of S<br>Certified Copy<br>(Additional Co<br>is enclosed)           | Status             |                 |
|                | Amendm<br>Division<br>P.O. Box | Address<br>ent Section<br>of Corporations<br>6327<br>ee, FL 32314 | Amend<br>Division<br>Clifton<br>2661 Ex                           | Address<br>ment Section<br>n of Corporations<br>Building<br>xecutive Center Circ<br>ssee, FL 32301 | cle                |                 |

## Articles of Amendment to Articles of Incorporation of

### International Chaplains Association of Florida, Inc.

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

### N01000001064

(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:

### **NEW CORPORATE NAME (if changing):**

| THE International Chaplains Association of Florida, | THE | International | Chaplains | <b>Association</b> | of | Florida, | Inc |
|---|-----|---------------|-----------|--------------------|----|----------|-----|
|---|-----|---------------|-----------|--------------------|----|----------|-----|

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)

| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article |  |  |  |  |
|---|--|--|--|--|
| Number(s) and/or Article Title(s) being amended, a            | added or deleted: (BE SPECIFIC)  |  |  |  |
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(Attach additional pages if necessary) (continued)

| The date of adoption of the amendment(s) was: 3/16/07   |
|---|
| Effective date if applicable:   |
| (no more than 90 days after amendment file date)  |
|   |
| Adoption of Amendment(s) (CHECK ONE)  |
| The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.  |
| There are no members or members entitled to vote on the amendment. 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.) |
| Tommy Troutman  |
| (Typed or printed name of person signing)   |
| President President   |
| (Title of person signing)   |

FILING FEE: \$35