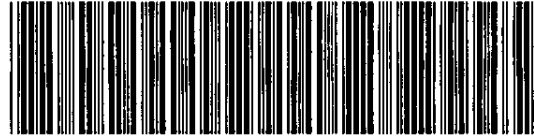


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02/23/15--01008--005 **35.00

(Requestor's Name)

(Address)

(Address)

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(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2015

LINDSAY BATES
WEST FLORIDA DIETETIC ASSOCIATION
PO BOX 30382
PENSACOLA, FL 32503

SUBJECT: THE WEST FLORIDA DIETETIC ASSOCIATION, INC.
Ref. Number: N01000004945

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DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 615A00003895

RECEIVED
15 MAR 27 PM 12:05
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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

West Florida Dietetic Association, INC.

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

NO1000004945

(Document Number of Corporation (if known))

FILED
15 MAR 27 PM 5:49

STATE
FLORIDA

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:

West Florida Academy of Nutrition and Dietetics, 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)

PO Box 30382

Pensacola, FL 32503

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:

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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

(Attach additional sheets, if necessary)

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.

Example:

[Remove](#)

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

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

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 12/4/2014
(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(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 12/15/14

fSignature 

(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)

Lindsay Bates

(Typed or printed name of person signing)

President

(Title of person signing)