

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2017

WILLIAM CAMPBELL
PARADIGM AMC
8815 CONROY-WINDERMERE ROAD, #283
ORLANDO, FL 32835

SUBJECT: FLORIDA ASSOCIATION OF SPEECH-LANGUAGE
PATHOLOGISTS AND AUDIOLOGISTS, INC.
Ref. Number: N02000000437

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 submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 617A00025126



FLASHA

Florida Association Of Speech-Language
Pathologists & Audiologists

President

Lyndsey Zurawski, Ph.D.

President-Elect & Treasurer

Shannon Hall-Mills, Ph.D.

Past President

Lisa Garrett

**Vice President for
Convention**

Timothy Kowalski, M.A.

**Vice President for
Continuing Education**

Sheryl Rosin, Ph.D.

**Vice President for
Educational Services**

Nicole Mancini, Ed.D.

**Vice President for
Professional Practices in
Audiology**

B. Judy Oremland, Au.D.

**Vice President for
Professional Practices in
Speech-Language Pathology**

Mario Landera, SLP.D.

**Vice President for
Communications**

Kimberly N. Bloom, M.S.

**Vice President for
Governmental Education**

Charlene Westman, M.A.

**Vice President for
Membership Services**

Donna Polette, Ph.D.

Executive Director

William Campbell, Ph.D.

Deputy Director

John Carpenter

To: Florida Division of Corporations
From: Florida Association of Speech-Language Pathologists and Audiologists
Date: December 7, 2017
RE: Registered Agent & Office Change

The Florida Association of Speech-Language Pathologists & Audiologists (FLASHA) has changed management companies for the daily management of association affairs. This change was effective on September 1, 2017.

Please see our attached paperwork to change the Registered Agent, Office Location, and Officers and Directors.

Registered Agent

William Campbell, Executive Director
8815 Conroy-Windermere Road, #283
Orlando, Florida 32835

Phone: 407-749-6677

Email: flasha@paradigmame.com

Officer/Director Detail

Title: Executive Director

Name: William Campbell

Address: 8815 Conroy-Windermere Road, #283

City-State-Zip: Orlando, Florida 32835

Title: President

Name: Lyndsey Zurawski

Address: 8815 Conroy-Windermere Road, #283

City-State-Zip: Orlando, Florida 32835

Title: Vice President

Name: Shannon Hall-Mills

Address: 8815 Conroy-Windermere Road, #283

City-State-Zip: Orlando, Florida 32835

Many Thanks,

Lyndsey Zurawski
President (2017-2019)

William Campbell
Executive Director

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Association of Speech-Language Pathologists and Audiologists, Inc.

DOCUMENT NUMBER: N02000000437

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

Please return all correspondence concerning this matter to the following:

William Campbell

(Name of Contact Person)

FLASHA

(Firm/ Company)

8815 Conroy-Windermere Road, #283

(Address)

Orlando, Florida 32835

(City/ State and Zip Code)

flasha@paradigmamc.com

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

For further information concerning this matter, please call:

William Campbell

321

794-1538

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

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

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FLORIDA ASSOCIATION OF SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS, INC.

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

N02000000437

(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:

_____ 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)

8815 Conroy-Windermere Road, #283

Orlando, Florida 32835

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8815 Conroy-Windermere Road, #283

Orlando, Florida 32835

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:

William Campbell, Executive Director

8815 Conroy-Windermere Road, #283

(Florida street address)

New Registered Office Address:

Orlando

Florida 32835

(City)

(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

FILED
17 DEC 14 AM 9:49
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF ORANGE, FLORIDA

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	PT	John Doe
<input type="checkbox"/> Remove	V	Mike Jones
<input type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	Executive Director	Isabel Vermeer	222 S. Westmonte Drive STE 101 Altamonte Springs, FL 32714
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	Assistant Executive Director	Tina Kautter	222 S. Westmonte Drive STE 101 Altamonte Springs, FL 32714
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	CEO	William Campbell	8815 Conroy-Windermere Road #283 Orlando, Florida 32835
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	P	Lisa Garrett	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	P	Lyndsey Zurawski	8815 Conroy-Windermere Road #283 Orlando, Florida 32835
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	VP	Shannon Hall-Mills	8815 Conroy-Windermere Road #283 Orlando, Florida 32835
<input checked="" 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)

NA

November 1, 2017

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

November 1, 2017


Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December 14, 2017

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)

Lyndsey Zurawski

(Typed or printed name of person signing)

President

(Title of person signing)