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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Florida Association o N:	f Speech-Language P	athologists ar	nd Audiologists
DOCUMENT NUMBER:	N02000000437		1	
The enclosed Articles of Ame	endment and fee are subm	nitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
Shannon Hall-Mills				
		(Name of Contact Per	son)	
FLASHA				
		(Firm/ Company)		
1508 Woodgate Way				
		(Address)		
Tallahassee, FL 32308				
	(City/ State and Zip C	ode)	.
shall.mills@gmail.com				
E-	mail address: (to be used	for future annual repo	rt notification	1)
For further information conce	ming this matter, please c	call:		
Shannon Hall-Mills		at	850	322-7721
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pay	able to the Florida De	epartment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & [Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee leate of Status led Copy tional Copy is used)
Mailing Address		<u>Stre</u>	et Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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	n as current	y filed with the Florida	Dept. of State)		
N02000000437					
(Docur	ment Numbe	r of Corporation (if know	1)		
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes	, this <i>Florida Not For Pr</i>	ofit Corporation ado	pts the fo	llowing
A. If amending name, enter the new name of the	e corporatio	<u>n:</u>			
					he new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		on" or "incorporated" oi	the abbreviation "C	orp." or	"Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1508 Woodgate Way			
		Tallahassee, FL 32308			
				王的	22
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		P.O. Box 10185		記する事	₹ #6 -
		Tallahassee, FL 32302		2.0	<u>ယ</u> n
				برو برو ^ش	1.0 1.0
D. If amending the registered agent and/or regis	stered office	address in Florida, ente	er the name of the	13 11	5
new registered agent and/or the new register	red office ad	dress:			
Name of New Registered Agent:	Shannon II	all-Mills	<u> </u>		
	1508 Wood	lgate Way			
	(Florida street address)				
New Registered Office Address:	:				
	Tallahassee, I		Florida _	Horida 32308	
	(City) (Zi		(Zip Co	Code)	
New Registered Agent's Signature, if changing I					
I hereby accept the appointment as registered agen	nt. I am fam	iliar with and accept the a	obligations of the po	sition.	
	7	ummy Hall-Ac	0M		
-		nature of New Registered	Agent, if changing		

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	<u>V</u> <u>Mi</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	CEO	William Campbell	8815 Conroy-Windermere Road
Add			#283
X Remove			Orlando, FL 32835
2) X Change	VT	Shannon Hall-Mills	1508 Woodgate Way
Add			Tallahassee, FL 32308
Remove			
3) X Change	<u> </u>	Lyndsey Zurawski	14460 Temple Blvd
Add			Loxahatchee, FL 33470-5221
Remove			
4) Change			
Add		-	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			- "

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change (Be specific)	e(s) here:			
N/A					
					_
-					
	_				
		·		_	
	•				
		·			
					•
			·-		-

	July 31, 2018	
The date of each amendm	ent(s) adoption:	_, if other than the
date this document was sign		
L'Arativa data if applicable	July 31, 2018	
Effective date if applicable	(no more than 90 days after amendment file date)	
	n this block does not meet the applicable statutory filing requirements, this date will not lon the Department of State's records.	he listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were sufficient to	is/were adopted by the members and the number of votes east for the amendment(s) r approval.	
☐ There are no members adopted by the board	of directors.	
Dated	7/31/18	
Signature	Plan Hall-Arth	_
	the chairman or vice chairman of the board, president or other officer-if directors	_
	we not been selected, by an incorporator – if in the hands of a receiver, trustee, or ner court appointed fiduciary by that fiduciary)	
	Shannon Hall-Mills	
	(Typed or printed name of person signing)	
	President Elect / Treasurer	
	(Title of person signing)	