## 10200003390

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100261742831

08/11/14--01038--008 \*\*43.75

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CLEWIFUX

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations	
NAME OF CORPORATION: Florida Intern	nal Affairs Investigators Association, Inc.
DOCUMENT NUMBER: NO200003	3390
<del></del>	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matter	ter to the following:
Ashley Bell	
	(Name of Contact Person)
Lee County Port Author	ity Police Department
•	(Firm/ Company)
11000 Terminal Access	Rd. Ste 8671
	(Address)
Fort Myers, FL. 33913	
	(City/ State and Zip Code)
anbell@flylcpa.co	
E-mail address: (to be use  For further information concerning this matter, please	ed for future annual report notification)
Ashley Bell	239 590-4479
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	Certified Copy (Additional copy is enclosed)  Section 1
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

## norida Internal Affairs Investigators Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation as currently filed with the Florida Dept. of State) N0200003390

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat		s, this <i>Florida Not For Profit Corp</i>	oration adopts the fo	ollowing	
A. If amending name, enter the new na	me of the corporati	on:		The new	
name must be distinguishable and contain "Company" or "Co." may not be used in		tion" or "incorporated" or the abbi	reviation "Corp." or	r "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		11000 Terminal Access Rd. Ste 8671			
		Fort Myers, FL. 33913			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 60996			
		Fort Myers, Fl. 33906			
D. If amending the registered agent and new registered agent and/or the new			me of the		
Name of New Registered Agent:	Detective As	· · · · · · · · · · · ·			
	11000 Termina	al Access Rd. Ste 8671	_	TASE TA	
New Registered Office Address:	(Florida street address)		AUG CORE LAA	<b>15</b>	
	Fort Myer	'S . Florida	33913	TAR TAR	三至
	(City)	<b></b> , ·	(Zip Code)	PH PF PF PF	HO-YE
New Registered Agent's Signature, if characteristics of the appointment as registers.	ered agent.    am far		ns of the position.	PH 2: 42 Y OF STATE EE. FLORIDA	,

Page 1 of 4

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 I V Mike SV Sally S	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u> 0</u>	Capt. Traci Estep	14750 Six Mile Cypress Parkway
Add			Fort Myers, FL. 33912
X Remove			
2) Change ·	ST	Detective Ashley Bell	11000 Terminal Access Rd. Ste 8671
X Add			Fort Myers, Fl. 33913
Remove			
3) Change	<u>VP</u>	Inspector Shawn Whitmer	1891 Jim Keene Blvd.
$X_{Add}$			Winter Haven, Fl. 33880
Remove	•		
4) Change	<u>O</u>	Lt. Michael Stanforth	14750 Six Mile Cypress Parkway
Add			Fort Myers, Fl. 33912
X Remove			
5) Change	<u>P</u>	Sgt. Glenn Ferrell	1891 Jim Keene Blvd.
X Add			Winter Haven, Fl. 33880
Remove	·		
6) Change	<b>D</b>	Sgt. Tim Burres	4015 Lewis Speedway
Add			St. Augustine, FL. 32084
X Remove			
<del></del> .		Page 2 of 4	

. If amending or adding additional A (attach additional sheets, if necessary)	ricies, enter change(s . (Be specific)	<u>) nere</u> :	
1110			
<u>N/+</u>			
			<del> </del>
<u> </u>			
- ·			
			<del></del>
· .		<del> </del>	
—			
			<del></del>

	e date of each amendment(s) adoption:	, if other than the
Effe	Effective date if applicable:	
	(no more than 90 days after amendment file date)	
Ada	option 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 S/3/14	
	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)	
	Ashley Bell	
	(Typed or printed name of person signing)	
	Detective/ Secretary/Treasurer	
	(Title of person signing)	