

No 3akw04343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

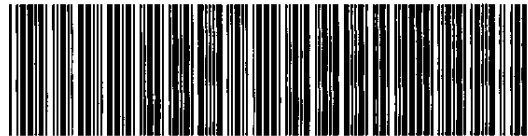
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2010 SEP 14 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** International Association of Rehabilitation Professionals, Inc.,  
Florida Chapter

**DOCUMENT NUMBER:** NO 2000004343

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

Please return all correspondence concerning this matter to the following:

Robynanne Cash-Howard  
(Name of Contact Person)

Interntl. Assoc. of Rehab. Professionals  
(Firm/ Company)

PO Box 2074 - 707 Valencia Wds. Ct.  
(Address)

Seffner FL 33583  
(City/ State and Zip Code)

Spencer.eakes@cascadedisability.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robyn Cash- Howard at ( 813 ) 654-4245  
(Name of Contact Person) (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

FILED  
2010 SEP 14 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
No 2000004343

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

International Assoc. of Rehabilitation Professionals, Inc

(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:**

N/A

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)

2217 SW 24<sup>th</sup> Street

Miami, FL

33145

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

2217 SW 24<sup>th</sup> Street

Miami, FL

33145

**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:

Spencer EAKES

New Registered Office Address:

2217 SW 24<sup>th</sup> Street

(Florida street address)

Miami

(City)

, Florida 33145  
(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.

Spencer Eakes

Signature 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Pres.</u>	<u>Jeffrey Carlisle</u>	<u>4015 Fisherman Cove Ct.</u> <u>Lutz, FL</u> <u>33558</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Pres.</u>	<u>Spencer Eakes</u>	<u>2217 SW 24<sup>th</sup> Street</u> <u>Miami, FL</u> <u>33145</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>DS</u>	<u>Bill England</u>	<u>PO Box 47535</u> <u>St. Petersburg, FL</u> <u>33743</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

Title: Director: Jeffray Carlisle 4015 Fisherman Cove Ct. ☒ ADD  
Lutz, FL 33558 ☐ REMOVE

The date of each amendment(s) adoption: 08/08/2010  
(date of adoption is required)  
Effective date if applicable: 08/08/2010  
(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 09/08/2010

Signature Spencer Eakes  
(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)

Spencer Eakes  
(Typed or printed name of person signing)

President  
(Title of person signing)