NO200000 7459

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DIVISION OF CORPORATIONS

SEP 6 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations Florida Mental Health Counselors Association Inc. NAME OF CORPORATION: N02000007459 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Darlene Silvernail (Name of Contact Person) (Firm/ Company) 2101 Vista Parkway (Address) West Palm Beach, Florida 33411 (City/ State and Zip Code) dsilvernail@flmhca.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Darlene Silvernail 561-939-4869 (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:

□\$43.75 Filing Fee & ■\$43.75 Filing Fee &

Certified Copy

enclosed)

(Additional copy is

Certificate of Status

Mailing Address

□ \$35 Filing Fee

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

□\$52.50 Filing Fee

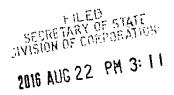
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Enclosed)

Certificate of Status

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Articles of Amendment to Articles of Incorporation of



Florida Mental Health Counselors Association Inc.		
(Name of Corporation as curre N02000007459	ently filed with the Flori	da Dept. of State)
**************************************	1 201 1 201	
(Document Nun	nber of Corporation (if kn	OWn)
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	ites, this Florida Not For	· Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated	The new "or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2101 Vista Parkway Ste 265	
(Principal office address <u>MUST BE A STREET ADDRES</u>	West Palm Beach, Fl. 33411	
C. Enter new mailing address, if applicable: (Meiling address MAY BE A POST OFFICE BOX)	2101 Vista Parkway Ste 265	
	West Palm Beach, Fl. 33411	
D. If amending the registered agent and/or registered o new registered agent and/or the new registered offic		enter the name of the
	e Silvernail	
	ista Parkway Ste 265	
		lorida street address)
<u>New Registered Office Address:</u> West P	alm Beach	33411
	(City)	, Florida 33411 (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	familiar with and accept	the obligations of the position.
	() m.S.	
	Signature of New Regis	tered 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>Mik</u>	<u>Doc</u> e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	Director	Darlenc Silvernail	2101 Vista Parkway Stc 265
Add			West Palm Beach, Fl. 33411
Remove			
2)Change	Director	Michael Holler	91831 Overseas Highway
Add		,	Tavernicr, Fl 33070
Remove 3)Change	Treasure	Norman Hoffman	595 W. Granada Blvd
Add			Ormond Beach, Fl 32174
X Remove			
4) X Change	Secretar	Kathie Erwin	305 Orangewood Land
Add			Largo, FI 33770
Remove			
5) Change	P	Leonel Mesa	2101 Vista Parkway Stc 265
<u>x</u>			West Palm Beach, Fl 33411
Reniove			
6) Change	r	Jim Messina	5130 Brittney Drive South 303
x Add			St Petersburg, Fl. 33715
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
•	
The state of the s	

		July 1	, 2016	P. L. For CIATE		
Fhe	date of each amend	dment(s) adoption:		FILE OF SIATE SION OF CONTORS If other than the		
late	this document was s	signed.	WV)C			
Effe	ctive date <u>if applic</u>	July 1, 2016 able:	201	6 AUG 22 PM 3: 11		
		(no moi	e than 90 days after amendment file date)			
		ed in this block does not m te on the Department of St	ect the applicable statutory filing requirements, ate's records.	this date will not be listed as the		
Ada	ption of Amendme	ent(s) (CHE	CK ONE)			
	The amendment(s) was/were sufficien	was/were adopted by the a t for approval.	nembers and the number of votes east for the an	nendment(s)		
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	August 18, 2016				
	Signature					
		if directors trustee, or				
		Darlene Silvernail				
			(Typed or printed name of person signing)			
			Walni Shemail.			
		Executive Director	ORMU GNG TIO GUIS			
			(Title of person signing)			