

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Mental Health Counselors Association Inc.

DOCUMENT NUMBER: N02000007459

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, Fl. 33411

City/ State and Zip Code

custerg@bellsouth.net

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

For further information concerning this matter, please call:

Darlene Silvernail

at (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:

☒ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2017

DARLENE SILVERNAIL
2101 VISTA PKWY
WEST PALM BEACH, FL 33411

SUBJECT: FLORIDA MENTAL HEALTH COUNSELORS ASSOCIATION INC.
Ref. Number: N02000007459

We have received your document for FLORIDA MENTAL HEALTH COUNSELORS ASSOCIATION INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 017A00014432

RECEIVED
17 AUG - 7 PM 4:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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Division of Corporations

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561

939-4869

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

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- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
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Certified Copy
(Additional copy is
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|--|--|---|--|

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Tallahassee, FL 32314

Street Address

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Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Florida Mental Health Counselors Association, Inc

17 AUG -7 AM 11:06

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

N02000007459

(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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>Louise Sutherland-Hoyt</u>	<u>2101 Vista Parkway</u>
<input checked="" type="checkbox"/> Add			<u>West Palm Beach, Fl 33411</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P</u>	<u>Leonel Mesa</u>	<u>2101 Vista Parkway</u>
<input type="checkbox"/> Add			<u>Suit 265</u>
<input checked="" type="checkbox"/> Remove			<u>West Palm Beach, Fl 33411</u>
3) <input type="checkbox"/> Change	<u>T</u>	<u>Benjamin B Keyes</u>	<u>2101 Vista Parkway</u>
<input checked="" type="checkbox"/> Add			<u>West Palm Beach, Fl 33411</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>T</u>	<u>Jim Messina</u>	<u>5130 Brittney Drive South</u>
<input type="checkbox"/> Add			<u>St. Petersburg, Fl 33715</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The date of each amendment(s) adoption: July 1, 2017, if other than the date this document was signed.

Effective date if applicable: July 1, 2017
(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 July 7, 2017

Signature Darlene Silvernail
(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)

Darlene Silvernail
(Typed or printed name of person signing)

Director
(Title of person signing)