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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Florida Societ	y of Accountants,	Inc.
DOCUMENT NUM	BER: N03000009097		
The enclosed Articles	s of Amendment and fee are sul	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		a J. Cochran	
	(Name of	Contact Person)	
-		ety of Accountants	
	(Firm	n/ Company)	
	PC	Box 156	
	(Address)	
	New Port F	Richey FL 34656	
	(City/ Sta	te and Zip Code)	
	fsadminag E-mail address: (to be use	ent@verizon.net d for future annual report	notification)
For further information	on concerning this matter, pleas	e call:	
Marcia J. Cochrai	1	at (800)34	12-0051
(Name	of Contact Person)		Daytime Telephone Number)
Enclosed is a check for	or the following amount made p	ayable to the Florida Dep	partment of State:
✓ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Street Address Amendment S	ection
Division of Corporations P.O. Box 6327		Division of Co Clifton Buildi	
Tallahassee, FL 32314			e Center Circle

Articles of Amendment to Articles of Incorporation of

Florida Society of Accountants, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N03000009097 (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: New Registered Office Address: (Florida street address)

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

(City)

Florida_____(Zip Code)

Florida Society of Accountants, Inc.

N03000009097

<u>Title</u>	<u>Name</u>	Address	Type of Action		
Treasurer	Roger H. Jacobs	PO Box 38 Brooksville FL 34605-0038	□ Add Æ Remove		
Secretary	Lindsey Vance	2650 Tampa Road, Unit B Palm Harbor FL 34684	□ Add ★ Remove		
PP	Wendy Winebrenner	PO Box 55368 St Petersburg FL 33732-5368	□ Add ⊠ Remove		
Vice Pres	Robert L. Bowers	PO Box 159 Lehigh Acres FL 33970-0159	`⊠ Add □ Remove		
Treasurer	Laurence (Laurie) Leppo	5051 Castello Drive, Ste 214 Naples FL 34103	Add □ Remove		
Secretary	Marie Vitale	1830 Springwood Circle, N Clearwater FL 33763	.⊠Add □ Remove		
UPDATE					
President	Stephen F. Valentine	1617 Woodward Street Orlando FL 32803	□ Add □ Remove		
Pres Elect	Leonard J. Guardino	11690 Lee Court Bonita Springs FL 34135-6030	□ Add □ Remove		
PP	Charlotte Davis	PO Box 5312 Lakeland FL 33807-5312	□ Add □ Remove		

The date of each amendment	(s) adoption: 06-03-2011
	(date of adoption is required)
Effective date <u>if applicable</u> :	()
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
✓ The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or n adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated	Marin Q Cochin
Signature	Marcia a Cochin
(By have	the chairman or vice chairman of the board, president or other officer-if directors enot been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Marcia J. Cochran
	(Typed or printed name of person signing)
	Executive Director
	(Title of person signing)

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