## 10000009097

| (Re                                     | equestor's Name)   |           |
|---|--------------------|-----------|
| (Ad                                     | ldress)            |           |
| (Ad                                     | ldress)            |           |
| · (Cit                                  | ty/State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Bu                                     | siness Entity Nan  | ne)       |
| (Do                                     | ocument Number)    | ;         |
| Certified Copies                        | Certificates       | of Status |
| Special Instructions to Filing Officer: |                    |           |
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07/18/13--01015--003 \*\*35.00





## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Florida Sc   | ociety of Ac   | countants, Inc.  |  |  |
|---|--|--|--|--|
| DOCUMENT NUMBER: N0300009   | 097  |  |  |  |
| The enclosed Articles of Amendment and fee are subr                       |  |  |  |  |
| Please return all correspondence concerning this matte                    | er to the following:   |  |  |  |
| Marcia J. Cochran   | J  |  |  |  |
|   | (Name of Contact Persor                                      | 1)   |  |  |
| Florida Society of Accou  | ntants, Inc.   |  |  |  |
|   | (Firm/ Company)  |  |  |  |
| PO Box 156  |  |  |  |  |
|   | (Address)  |  |  |  |
| New Port Richey FL 34   | 656  |  |  |  |
|   | (City/ State and Zip Code                                    | 2)   |  |  |
| fsadminagent@ve   | erizon net   |  |  |  |
| E-mail address: (to be used   |  | notification)  |  |  |
| For further information concerning this matter, please                    | For further information concerning this matter, please call: |  |  |  |
| Marcia J. Cochran   |  | 342-0051   |  |  |
| (Name of Contact Person)  | (Area Co   | de & Daytime Telephone Number)   |  |  |
| Enclosed is a check for the following amount made page                    | yable to the Florida Depa                                    | rtment of State:   |  |  |
| \$35 Filing Fee \$\sum \text{S43.75 Filing Fee & Certificate of Status}\$ | Certified Copy<br>(Additional copy is<br>enclosed)           | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |  |  |
| <u>Mailing Address</u><br>Amendment Section                               |  | Address<br>ment Section  |  |  |
| Division of Corporations  |  | n of Corporations  |  |  |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently  |                                     | tate)   |
|--|-------------------------------------|---|
| N0300009097  | ined with the Florida Depti of S    | ,   |
|  | Number of Corporation (if known)    |   |
| Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation   |                                     | Not For Profit Corporation adopts the following |
| A. If amending name, enter the new nam   | e of the corporation:               |   |
|  |                                     | The ne  |
| name must be distinguishable and contain t<br>"Company" or "Co." may not <u>be used in t</u> |                                     | porated" or the abbreviation "Corp." or "Inc.   |
| B. Enter new principal office address, if<br>Principal office address <u>MUST BE A STF</u>   | applicable:<br>REET ADDRESS )       |   |
|  |                                     |   |
|  | <u></u>                             |   |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST O                    | able:<br>FFICE BOX)                 |   |
|  |                                     |   |
|  |                                     |   |
| D. If amending the registered agent and new registered agent and/or the new                  |                                     | lorida, enter the name of the                   |
| Name of New Registered Agent:  |                                     |   |
| -  | 701                                 |   |
| New Registered Office Address:   | (Florida street ada                 | ressy   |
|  |                                     | , Florida                                       |
|  | (City)                              | (Zip Code)                                      |
| New Registered Agent's Signature, if cha   | inging Registered Agent:            |   |
| I hereby accept the appointment as register  | red agent. I am familiar with and   | accept the obligations of the position.         |
|  |                                     |   |
| Signo  | ature of New Registered Agent, if a | changing  |

Page 1 of 4

AS & HO BI AUL EIOS

## 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 Doe V Mike Jones SV Sally Smith |                     |                                |  |
|----------------------------------|---|---------------------|--------------------------------|--|
| Type of Action<br>(Check One)    | <u>Title</u>                            | <u>Name</u>         | <u>Addres</u> s                |  |
| 1) X Change                      | President                               | Robert L. Bowers    | PO Box 159                     |  |
| Add                              |   |                     | Lehigh Acres FL 33970          |  |
| Remove                           |   |                     |                                |  |
| 2) X Change                      | President Elect                         | Estil J. Null       | 1255 N. 15th Street, Ste 3     |  |
| Add                              |   |                     | Immokalee FL 34142             |  |
| Remove                           |   |                     |                                |  |
| 3) X Change                      | Vice President                          | Laurie Leppo        | 3411 Tamiami Trail, N, Ste 201 |  |
| Add                              |   |                     | Naples FL 34103                |  |
| Remove                           |   |                     |                                |  |
| 4) X Change                      | Secretary                               | Nikki Williams      | PO Box 159                     |  |
| Add                              |   |                     | Lehigh Acres FL 33970          |  |
| Remove                           |   |                     |                                |  |
| 5) Change                        | Treasurer                               | Paula J. Larrisey   | 5836 54th Avenue, N            |  |
| X Add                            |   |                     | Kenneth City FL 33709          |  |
| Remove                           |   |                     |                                |  |
| 6) X Change                      | Past President                          | Leonard J. Guardino | 11690 Lee Court                |  |
| Add                              |   |                     | Bonita Springs FL 34135        |  |
| Remove                           |   |                     |                                |  |

| 7) | Change   | Past President | Stephen F. Valentine | 1617 Woodward Street<br>Orlando FL 32803 |  |
|----|----------|----------------|----------------------|--|--|
|    | Add      |                |                      | Onando i E 02000                         |  |
|    | X Remove |                |                      |  |  |

ı

| If amending or adding a attach additional sheets, | if necessary). (B | e specific)   | ets) nere:     |              |               |   |
|---|-------------------|---------------|----------------|--------------|---------------|---|
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| The  | date of each amendment(s) adoption: June 28, 2013  | , if other than the |  |
|------|--|---------------------|--|
| gate | tate this document was signed.  Effective date if applicable: July 1, 2013   |                     |  |
|      | (no more than 90 days after amendment file date)   |                     |  |
| Ado  | 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 07-12-2013   |                     |  |
|      | Signature_KBrww  |                     |  |
|      | (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) |                     |  |
|      | Robert L. Bowers   |                     |  |
|      | (Typed or printed name of person signing)  |                     |  |
|      | President  |                     |  |
|      | (Title of person signing)  |                     |  |