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2012 NOV 26 PH 3: 18

Amend MC

NOV 28 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Central Florida Chapter of the Society of C.P.C.U., Inc.
DOCUMENT NUMBER: NO3935
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Porula Keyes (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
174 GRACE Bluch.
(Address)
Altamente Springs, FL 32714 (City/State and Zip Code)
epkeyes @ a o l. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paula Keyes at (407) 810-0271 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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 \$\bigcup \\$43.75 Filing Fee \& \bigcup \\$43.75 Filing Fee \& \bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Central Florida Charter	of the Society of C.P. a. H., Inc.
(Name of Corporation as currently filed with the Fl	orida Dept, of State)
EO W.	935
(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
Central Florida	CfCU Society Chapten The new watton" or "incorporated" or the abbreviation "Corp." of Chic."
name must be distinguishable and contain the word "corpord" ("Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or Anc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	174 GRACO Blud. Altamonte Springs, FL32714
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	174 GRACE Blvd. Altamente Springs, FL 32714
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent:	QUIG Keyes Rhie Blud. (Florida street address)
174 6	RACE Blud.
New Registered Office Address:	(Florida street address)
Altamo	nte Speings, Florida FL 32714 (Zip Code)
(City	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	amiliar with and accept the obligations of the position.
Signature of New Page	istered Agent if changing
- Signature of New Regi	istered Agenti ij Ununging

Page 1 of 4

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	V <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>D</u>	Robert Vancuna	1955. Westmonte DR, #150
Add			Altamonte Springs, FL 32714
Remove			
2) × Change	P	Vicky VanGouder	600 Northake Blvd., #160
Add			Altamonte Springs, Fl32701
Remove	_		
3) 🔀 Change	PE	Robert Swift	1.900 Summit Tower Blvd. #750
Add			ORlando, FL 32810
Remove			
4) Change	_V_	Mary Folsom	615 Crescent Executive Ct. \$600
Add			Lake Macy, FL 32746
Remove			
5) Change	_D_	John Chesebrough	8030 Monier Way
<u>↓</u> Add		·	OKlando, FL 32835
Remove			
6) Change	<u>D</u>	Frank Carnevale	2067 Kensington Run Dr.
_X Add			Orlando, FL 32828
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
(attach additional sheets, if necessary).	(Be specific)				
<u> </u>					
	And the second s				
					
	· · · · · · · · · · · · · · · · · · ·				
	and the second s				

Гĥе	e date of each amendment(s) adoption:	
Effe	fective date <u>if applicable</u> :	06-12-12
		no more than 90 days after amendment file date)
4 do	option of Amendment(s)	CHECK ONE)
¤	The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)
	There are no members or members entit adopted by the board of directors.	tled to vote on the amendment(s). The amendment(s) was/were
	Dated 11/20/16 Signature Pours	
	Signature Pousa	Keyes
	(By the chairman or was not been select	vice chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, or did fiduciary by that fiduciary)
		aula Keyes or printed name of person signing)
	(Typed	or printed name of person signing)
	Tr	of person signing)
	(Title o	of person signing)