Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001095283)))



H180001095283ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ASSOCIATION OF CORPORATE COUNSEL AMERICA WEST CENTRA

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

))))

RECEIVED

SECRETARY OF STANDER

CLEAHASSEE, FLOOD

Corporate Filing Menu

Help

C. GOLDEN

APR - 9 2018

To: Page 3 of 6

FILED

Articles of Amendment to Articles of Incorporation of 2010 APR -6 AM 9:03

Association of Corporate Counsel America West Central Flo (Name of Corporation as current)		ids Dent of State)
V04000009149	MAY TOOK WITH THE PROP	na Dept. in State
(Document Num	per of Corporation (if kr	lown)
ursuant to the provisions of section 617.1006, Florida Status nendment(s) to its Articles of Incorporation;	es, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
If amending name, enter the new name of the corpora	tion:	
ssociation of Corporate Counsel Tampa Bay (Inc.)		The new
nne must be distinguishable and contain the word "corpore Company" or "Co." may not be ased in the name.	ation" or "incorporated	" or the abbreviation "Corp." or "Inc."
. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered off new registered agent and/or the new registered office		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(FI	nrida street address)
		, Florida
-	(City)	(Zip Code)
w Registered Agent's Signature, if changing Registered agent. I am fo	Agent: miliar with and accept	the obligations of the position.
		and know if shoughe

Page 1 of 4

Page 4 of 6 To:

> 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 = ChiefExecutive 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 D V Mike Ic SV Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add Remove			
3) Change			
Remove			
4) Change	·		The transport of the second of
Add Remove			
5) Change	·		
Add Remove			
6) Change	THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PR		
Add			***************************************
Remove		Dans 4 of 6	

s. If gmending or adding (attach additional sheets	, if necessary). (B	e specific)	_0545-		
					 * ** ** *****************************
			······	· · · · · · · · · · · · · · · · · · ·	
					
		واد با الاستان التي التي التي التي التي التي التي التي			
	da Albarra albarra, a araba, araba, araba araba - Albarra - Albarra albarra albarra -	The second survey of the second secon	***************************************		
				*	 ***************************************
a dalay a la dalay da 	<u> </u>				
and the second s					
	***************************************			· · · · · · · · · · · · · · · · · · ·	
	,				
		.,			
			· · · · · · · · · · · · · · · · · · ·		 ······································
				······································	

Page 3 of 4

The date of ea	ach amendment(s) adoption:	, if other than the
date this docum	ment was signed.	
Effective date	e if applicable:	
	(no more than 90 days after amendment file date)	
	late inserted in this block does not meet the applicable statutory filing requirements, this date will no feetive date on the Department of State's records.	ot be listed as the
Adoption of A	Amendment(s) (CHECK ONE)	
	ndment(s) was/were adopted by the members and the number of votes cast for the amendment(s) sufficient for approval.	
	e no members or members entitled to vote on the amendment(s). The amendment(s) was/were by the board of directors.	
I	Dated December 19, 2017	
S	Signature	<u></u>
	(By the chairman or vive 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)	
	David Colon	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	