

N05000006794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

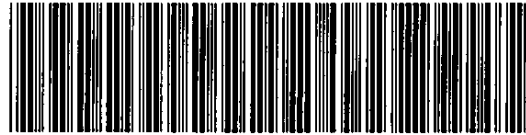
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700180701397

11/04/10--01009--009 **35.00

FILED

2010 NOV -4 P 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
Thurs
11-5-10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American College Educators Deaf/Hard of Hearing Inc

DOCUMENT NUMBER: N05000006794

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Springhorn

(Name of Contact Person)

Christopher Springhorn CPA PA

(Firm/ Company)

601 Ponce de Leon Blvd S., Suite C

(Address)

St Augustine, FL 32084

(City/ State and Zip Code)

cspringhorncpa@bellsouth.net

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

For further information concerning this matter, please call:

Christopher Springhorn

(Name of Contact Person)

at (904)

827-0088

(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

October 19, 2010

AMERICAN COLLEGE OF EDUCATORS/DEAF
601 PONCE DE LEON BLVD.
SUITE C
ST. AUGUSTINE, FL 32208

SUBJECT: AMERICAN COLLEGE OF EDUCATORS/DEAF AND HARD OF
HEARING, INC.
Ref. Number: N05000006794

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 010A00024630

*2nd mailing different
address*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 OCT 18 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 29, 2010

AMERICAN COLLEGE OF EDUCATORS/DEAF
405 WHITE HALL
KENT, OH 44242

SUBJECT: AMERICAN COLLEGE OF EDUCATORS/DEAF AND HARD OF
HEARING, INC.
Ref. Number: N05000006794

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 210A00023085

Articles of Amendment
to
Articles of Incorporation
of

American College Educators Deaf/Hard of Hearing, Inc.

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

N05000006794

(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:

Association of College Educators Deaf and Hard-of-Hearing, Inc.

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)

(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

FILED
2010 NOV -4 P 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: October 1, 2010

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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 10/25/10

Signature Karen Kritzer

(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)

Karen Kritzer

(Typed or printed name of person signing)

Treasurer

(Title of person signing)