

N08 000011209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

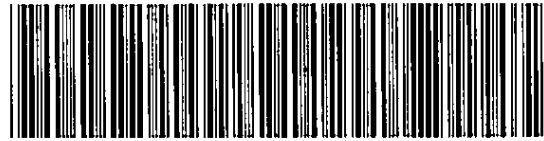
(Document Number)

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*nlc was filed 10/6/19.*

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02/03/21--01027--021 \*\*35.00

FILED

2021 MAY 11 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FL

*Amend*

JUN 28 2021

D. CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Florida Association of Reflexologists, Inc.

DOCUMENT NUMBER: N08000011209

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

Please return all correspondence concerning this matter to the following:

Gail Lanning

(Name of Contact Person)

Florida Association of Reflexologists, Inc.

(Firm/ Company)

4555 Pinetree Drive

(Address)

Delray Beach FL 33445

(City/ State and Zip Code)

gaillanning.far@gmail.com

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

For further information concerning this matter, please call:

Gail Lanning

561

391-8894

at

(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2021 MAY 11 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 MAY 11 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FL

April 26, 2021

GAIL LANNING  
4555 PINETREE DR.  
DELRAY BEACH, FL 33445

SUBJECT: FLORIDA ASSOCIATION OF REFLEXOLOGISTS, INC.  
Ref. Number: N08000011209

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

ON PAGE 2 OF THE DOCUMENT, THE LIST OF OFFICERS AND DIRECTORS SHOULD HAVE ONLY ONE BOX CHECKED UNDER (TYPE OF ACTION). IT CAN BE change, add or remove. DO NOT CHECK MORE THAN ONE BOX.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 521A00008558

*Thank you.  
Corrected attached  
Gail Lanning  
5/8/21*

Articles of Amendment  
to  
Articles of Incorporation  
of

Florida Association of Reflexologists, Inc.

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

N08000011209

(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)

4555 Pinetree Drive

Delray Beach FL 33445

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4555 Pinetree Drive

Delray Beach FL 33445

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:

Gail Lanning

4555 Pinetree Drive

(Florida street address)

New Registered Office Address:

Delray Beach

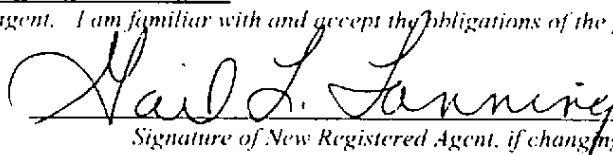
(City)

Florida 33445

(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

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>P</u>	<u>Karen Ball</u>	<u>68 Spring Street</u> <u>Saint Augustine FL 32084</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>V</u>	<u>Gail Lanning</u>	<u>4555 Pinetree Drive</u> <u>Delray Beach, FL 33445</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>S</u>	<u>diane Wedge</u>	<u>904 Auburn Lakes Circle</u> <u>Venice FL 34292</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>T</u>	<u>Donna Suskin</u>	<u>5200 NW 43 Street #102-124</u> <u>Gainesville FL 32606</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>D</u>	<u>Lorna Eaton</u>	<u>3410 Foxcroft Road #315</u> <u>Miramar FL 33025</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Davi Kumpa</u>	

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

Article III: To monitor laws and regulations; to encourage education and training; to promote reflexology to the public;  
to stimulate a high order of professional standards and ethics.

Article IV: The manner in which directors are elected or appointed is: THEY ARE ELECTED BY MEMBERSHIP.

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☐ 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 February 1, 2021

Signature Gail L. Lanning  
(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)

Gail Lanning

\_\_\_\_\_  
(Typed or printed name of person signing)

Vice President

\_\_\_\_\_  
(Title of person signing)