

N100000007343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

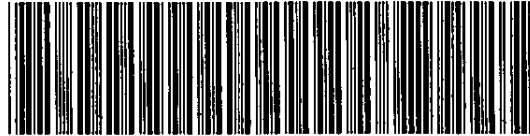
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300282629933

02/29/16--01016--017 **52.50

Amend

FILED
16 FEB 29 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 01 2016

A RAMSEY

February 26, 2016

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed The Cover Letter and Amendment Documents for American Culinary Federation
Treasure Coast Chapter, Inc.; Document # N10000007343.

We have elected new officers to the corporation which we filed an Amendment in January, 2016
through Sunbiz but the bank representative requires that the 2010 Articles must be amended to reflect
the current officers.

I am enclosing a check for an additional \$52.50 to, again, amend these articles which include fees for the
Certificate of Status and a Certified Copy for our files.

Jennifer Ragano is the PNC Representative and her number is 772-567-7200. If you have any question,
please feel free to give her a call.

Thank you for all your assistance in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Moyers".

Leslie Moyers, Treasurer
804-878-8997 (Cell) or 772-448-2051

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American Culinary Federation Treasure Coast Chapter, Inc.

DOCUMENT NUMBER: N10000007343

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

Please return all correspondence concerning this matter to the following:

Leslie Moyers, Treasurer

(Name of Contact Person)

American Culinary Federation Treasure Coast Chapter, Inc.

(Firm/ Company)

2810 South Federal Highway

(Address)

Ft. Pierce, FL 34982

(City/ State and Zip Code)

leslie.moyers@vc.edu

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

For further information concerning this matter, please call:

Leslie Moyers, Treasurer

772

448-2000

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

American Culinary Federation Treasure Coast Chapter, Inc.

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

N10000007343

(Document Number of Corporation (if known))

16 FEB 29 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

2810 South Federal Highway

Ft. Pierce, FL 34982

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Post Office Box 13034

Ft. Pierce, FL 34979

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: Leslie Moyers

2810 South Federal Highway

(Florida street address)

New Registered Office Address:

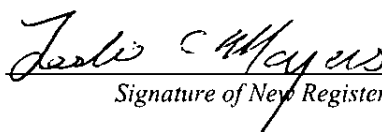
Ft. Pierce, Florida 34982

(City)

(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	<u>PS</u>	<u>Diane N. Conway</u>	<u>6451 NW 30th Street</u>
<input type="checkbox"/> Add			<u>Okeechobee, FL 34972</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VPT</u>	<u>Sharman Mullins</u>	<u>1303 White Oak Lane</u>
<input type="checkbox"/> Add			<u>Ft. Pierce, FL 34982</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VP</u>	<u>Deborah A. Midkiff</u>	<u>1807 Sandia Road SE</u>
<input checked="" type="checkbox"/> Add			<u>Palm Bay, FL 32909</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>T</u>	<u>Leslie Moyers</u>	<u>502 Calamondin Way SW</u>
<input checked="" type="checkbox"/> Add			<u>Vero Beach, FL 32968</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>S</u>	<u>Susan Gray</u>	<u>2709 S 27th Street</u>
<input checked="" type="checkbox"/> Add			<u>Ft. Pierce, FL 34981</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 2/26/2016 _____

Signature Leslie Moyers
(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)

Leslie Moyers

(Typed or printed name of person signing)

Treasurer

(Title of person signing)