

N10846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

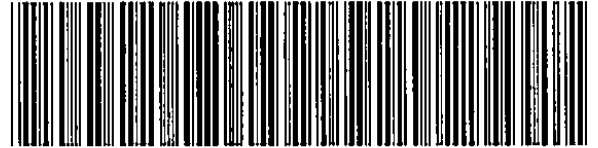
(Business Entity Name)

(Document Number)

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2020 MAY 11 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAY 13 2020



2020 APR 28 PM 2:06

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2020

DELTONA PROFESSIONAL CENTER ASSOCIATION, INC.  
770 DELTONA BLVD SUITE C  
DELTONA, FL 32725

SUBJECT: DELTONA PROFESSIONAL CENTER ASSOCIATION, INC.  
Ref. Number: N10846

We have received your document for DELTONA PROFESSIONAL CENTER ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

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.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 520A00008764

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: DELTONA PROFESSIONAL CENTER ASSOCIATION, INC.

DOCUMENT NUMBER: N10846

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

Please return all correspondence concerning this matter to the following:

Howard L Kiss

Name of Contact Person

DELTONA PROFESSIONAL CENTER ASSOCIATION, INC.

Firm/ Company

770 DELTONA BLVD. SUITE C

Address

DELTONA, FL 32725

City/ State and Zip Code

howard@cgpproducts.com

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

For further information concerning this matter, please call:

Howard L Kiss

at ( 407 ) 496-6721

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

☐ \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

DELTONA PROFESSIONAL CENTER ASSOCIATION, INC.

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

N10846

(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)

770 Deltona Blvd Suite C

Deltona, FL 32725

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:

Dr. Shakil Ahmed

770 DELTONA BLVD. SUITE B

(Florida street address)

New Registered Office Address:

Deltona

(City)

Florida 32725

(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

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TALLAHASSEE, FLORIDA

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

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

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

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 title. 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. If 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                      PT      John Doe

X Remove                    V      Mike Jones

X Add                        SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>PD</u>	<u>Howard L. Kiss</u>	<u>770 Deltona Blvd Suite C</u>
<input checked="" type="checkbox"/> Add			<u>Deltona Florida 32725</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>Dr. Shakil Ahmed</u>	<u>770 Deltona Blvd. Suite B</u>
<input checked="" type="checkbox"/> Add			<u>Deltona FL 32725</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>CARGUYS PROMOTIONAL INC</u>	<u>770 Deltona Blvd. Suite C</u>
<input type="checkbox"/> Add			<u>Deltona FL 32725</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>PD</u>	<u>Ronald N Silverman</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>VP, STD</u>	<u>Renec K. Silverman</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>D</u>	<u>Champa Moorgani</u>	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			

The date of each amendment(s) adoption: 03/26/2020, if other than the date this document was signed.

Effective date if applicable: 03/26/2020  
(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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

The number of votes cast for the amendment(s) was/were sufficient for approval

by Deltana Professional Center Assoc., Inc.  
(voting group)

Dated 03/26/2020

Signature   
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Howard Kis  
(Typed or printed name of person signing)

President  
(Title of person signing)