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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Florida Associatio	n of Sleer	Technolog	gists, Inc.
DOCUMENT NUMBER:	N11000001352			
The enclosed Articles of Amenda	nent and fee are submitted	for filing.		
Please return all correspondence of	concerning this matter to th	ne following:		
	Brian Me			
	(Name of Contact	et Person)		
Flori	da Association of Slee	p Technolo	gists, Inc.	
	(Firm/ Com	oany)		
	230 Country Lar	ndina Blvd.		
	(Address	<u>-</u>		
	Apopka, FL	32703		
11881475-44	(City/ State and 2			
E-mail	brian@flslee		port notification	m)
For further information concernin	g this matter, please call:		•	,
Brian Merritt	at	, 321	527-1178	
(Name of Contact F	Person)	(Area Co	de & Daytime	Telephone Number)
Enclosed is a check for the follow	ing amount made payable	to the Florida	Department of	State:
✓ \$35 Filing Fee	te of Status Ce (Ac	\$43.75 Filing rtified Copy dditional copy closed)		☐ \$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		Division Clifton B	ent Section of Corporations	ŕ

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

Florida Association of Sleep Technologists, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N11000001	352		
(Document Number of Co	rporation (if known)		
rsuant to the provisions of section 617.1006, Florida Stee following amendment(s) to its Articles of Incorporation		Profit Corporation	n ado
If amending name, enter the new name of the corporate	oration:		
e new name must be distinguishable and contain the previation "Corp." or "Inc." "Company" or "Co." m	word "corporation" or "i ay not be used in the name.	ncorporated" or th	- he
Enter new principal office address, if applicable:			
incipal office address <u>MUST BE A STREET ADDRE</u>	ESS)		_
			-
			-
Enter new mailing address, if applicable:		2	EB 181
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
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		-	= 3
If amending the registered agent and/or registered		enter the name of t	the '
new registered agent and/or the new registered offi	<u>ce address:</u>		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
· .		, Florida	
	(City)	, Florida (Zip Code)	_
w Registered Agent's Signature, if changing Registe ereby accept the appointment as registered agent. ition.		cept the obligation.	s of t
Cignotura	f Nam Pagistanad Agant if a	h anaina	

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)

Title Name | Address **Type of Action** ☐ Add ☐ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Addition: Article IX Dissolution Upon the dissolution of the Association, the Board of Directors, after paying or making provision for the payment of all of the liabilities of the Association, shall dispose of all of the remaining assets of the Association exclusively for the purposes of the Association in such manner, or to such organization or organizations as shall at the time qualify as a tax-exempt organization or organizations recognized under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provision of any future United States internal revenue statute, as the Board of Directors shall determine.

The date of each amendment(s) adoption: <u>02/09/2011</u>
Effective date <u>if applicable</u> :	(date of adoption is required) 02/16/2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated_02/16/	2011
Signature	Buar Mouth
have	ne chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Brian Merritt
	(Typed or printed name of person signing)
	ST
	(Title of person signing)