

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corp	porations
		(850)617-6380
From:		1
	Account Name : Account Number :	MACFARLANE FERGUSON & MCMULLEN
	Phone	(727)441-8966
	Fax Number	(727)442-8470
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TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:FRIENDS OF CMA,	INC.
DOCUMENT NUMBER:N13000007711	
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fo	llowing:
BRIAN J. AUNGST, JR.	
(Name of	Contact Person)
MACFARLANE FERGUSON	& MCMULLEN
(Fim	/ Company)
POST OFFICE BOX 1669	
(.	Address)
CLEARWATER, FL 33757	
(City/ Sta	c and Zip Code)
bja@macfar.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
BRIAN J. AUNGST, JR.	727 441-8966
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	e Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75  Certificate of Status Certific (Addition enclose)	d Copy Certificate of Status  nal copy is Certified Copy
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

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Articles of Amendment to

Articles of Incorporation of

FRIENDS OF CMA. INC.

16 JAN 14 PM 5: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FRIENDS OF	CMA, INC.
(Name of Corporation as curren	tiv flied with the Fiorida Dent. of State)
N1300000771	1
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cornorat	Ioni
CLEARWATER MATTERS, INC.	The new
name must be distinguishable and contain the word "corpora "Comnany" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
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 and registered agent and/or the new registered office a	   <u>                                   </u>
Name of Naw Registered Agent:	
New Registered Office Addrass;	(Florida street address)
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: niliar with and accept the obligations of the position.
Si	gnature of New Registered Agent, if changing

Page 1 of 4

If amending the Officers and/or Directors, enter the title an	d 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)	
الأكرى الدائر المحاد المائية المحاد المائية الأكار الأكار المائية الما	Contails.

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: X_Change X_Remove X_Add	PT Y SV	John Doe Mike Jones Sally Smith					
Type of Action (Check One)	<u>Title</u>	Nam	Œ			Address	
1) Change				1			
Add				ŀ			<del> </del>
Remove							· · · · · · · · · · · · · · · · · · ·
2) Change	-			<u> </u>		<del>.</del> ,	
Add				!			•
Remove				İ			
3) Change			<del> </del>				
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5) Change		-		<u> </u>			
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Remove					-	<u>-</u> -	
5) Change							
Add							
Remove	-		1	Page 2 of 4		·	· · · · · · · · · · · · · · · · · · ·

If amending or adding additional Articles, enter changel (attach additional sheets, if necessary). (Be specific)	#LANCK*
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	date of each amer this document was	adment(s) adoption:signed.	, if other than the
Effe	etive date <u>if appli</u>	mble: (no more than 90 days after amendment file date	
		(no more man so sups gier amenament jue aute	,
		ed in this block does not meet the applicable statutory filing requiren ate on the Department of State's records.	nents, this date will not be listed as the
Ado	ption of Amendm	ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for approval.	the amendment(s)
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment of directors.	ent(s) was/were
	Dated	1.14.16	
	Signature		·
		(By the chairman or vice chairman of the board, president or other of have not been selected, by an incorporator — If in the hands of a rece other court appointed fiduciary by that fiduciary)	fficer-if directors siver, trustee, or
		BRIAN J. AUNGST, JR.	
		(Typed or printed name of person signing	3)
		PRESIDENT	
		(Title of person signing)	