

N13000009693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

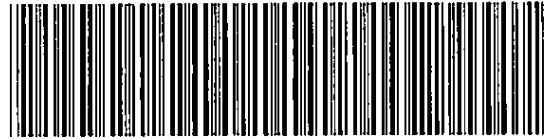
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2023

CLARE STEVENS
3165 MCMULLEN BOOTH RD, BLDG G2
CLEARWATER, FL 33761

SUBJECT: TAMPA BAY ASSOCIATION OF HEALTH UNDERWRITERS, INC
Ref. Number: N13000009693

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Shaunteria Cobbs
Regulatory Specialist II

Letter Number: 423A00013883

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6:11 PM

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TAMPA BAY ASSOCIATION OF HEALTH UNDERWRITERS, INC

DOCUMENT NUMBER: N13000009693

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

Please return all correspondence concerning this matter to the following:

Clare Stevens

(Name of Contact Person)

c/o The Fessler Agency, Inc.

(Firm/ Company)

3165 McMullen Booth Rd, Bldg G2.

(Address)

Clearwater FL 33761

(City/ State and Zip Code)

treasurer@tbahu.com

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

For further information concerning this matter, please call:

Clare Stevens

727

451-6210

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 checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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Articles of Amendment
to
Articles of Incorporation
of

TAMPA BAY ASSOCIATION OF HEALTH UNDERWRITERS, INC

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

N13000009693

(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:

National Association of Benefits and Insurance Professionals Tampa Bay Chapter, Inc.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(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:

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(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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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 type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	President	N/A Tammy Cravotta	
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	President	N/A Jessica Pippenger	c/o The Fessler Agency, Inc. 3165 McMullen Booth Rd, Bldg G2 Clearwater, FL 33761
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		N/A	
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		N/A	
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		N/A	
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		N/A	

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

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

N/A

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

Effective date if applicable: 02/08/2023
(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 02/08/2023

Signature Clare Stevens
(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)

Clare Stevens
(Typed or printed name of person signing)

Treasurer
(Title of person signing)

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