

**N13000009753**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

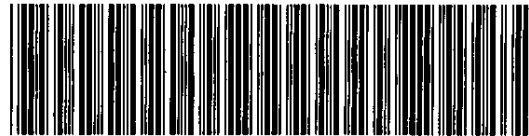
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APPROVED  
AND  
FILED

13 OCT 28 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
OCT 28 2013  
**EXAMINER**

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: First Coast Chapter of ACHMM, Inc.

DOCUMENT NUMBER: N13000009753

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

Please return all correspondence concerning this matter to the following:

Ben Huron

(Name of Contact Person)

Golder Associates Inc.

(Firm/ Company)

9428 Baymeadows Road, Suite 400

(Address)

Jacksonville, Florida 32256

(City/ State and Zip Code)

bhuron@golder.com

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

For further information concerning this matter, please call:

Ben Huron

(Name of Contact Person)

at 904 363 3430

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2013

BEN HURON / GOLDER ASSOCIATES INC.  
9428 BAYMEADOWS ROAD SUITE 400  
JACKSONVILLE, FL 32256

SUBJECT: FIRST COAST CHAPTER OF ACHMM, INC.  
Ref. Number: P02000121755

We have received your document for FIRST COAST CHAPTER OF ACHMM, 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 document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 513A00024432

**COVER LETTER**

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Division of Corporations

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**bhuron@golder.com**

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(Area Code & Daytime Telephone Number)

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Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

APPROVED  
AND  
FILED  
13 OCT 28 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

First Coast Chapter of ACHMM, Inc.

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

N13000009753

(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:

First Coast Chapter of the Alliance of Hazardous Materials Professionals, 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:

(Principal office address MUST BE A STREET ADDRESS)

Golder Associates Inc.

9428 Baymeadows Road Suite 400

Jacksonville, Florida 32256

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Golder Associates Inc.

9428 Baymeadows Road Suite 400

Jacksonville, Florida 32256

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:

Not Applicable

Not Applicable

(Florida street address)

New Registered Office Address:

Not Applicable

(City)

Not Applicable

(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>

Type of Action  
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	_____	<u>Not Applicable</u>	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	<u>Not Applicable</u>	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	<u>Not Applicable</u>	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	<u>Not Applicable</u>	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	<u>Not Applicable</u>	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	<u>Not Applicable</u>	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E.. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

Not Applicable

The date of each amendment(s) adoption: Not Applicable  
date this document was signed.

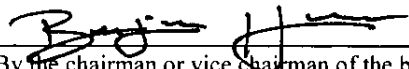
Effective date if applicable: Not Applicable  
(no more than 90 days after amendment file date)

FILED  
13 OCT 28 AM 10:50  
her than the  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 10/7/13

Signature   
(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)

Ben Huron  
(Typed or printed name of person signing)

President  
(Title of person signing)