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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LORIDA PUBLIC RISK MANAGEMENT ASSOCIATI	ON CHAPTER, E
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
DAVID LYLES		
	(Name of Contact Person)	
SOUTHWEST FLORIDA PUBLIC RISK MANA	AGEMENT ASSOCIATION CHAPTER, INC.	
	(Firm/ Company)	
18500 MURDOCK CIRCLE, #B-201		
	(Address)	
PORT CHARLOTTE, FL 33948		
	(City/ State and Zip Code)	
DAVID.LYLES@CHARLOTTECOUNTYFL.G	ον	L
E-mail address: (to be a	ised for future annual report notification)	
For further information concerning this matter, ple	ase call:	
DAVID LYLES	941 743-1381	
(Name of Contact Per	son) (Area Code) (Daytime Teleph	one Number)
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	& 🗆 \$43.75 Filing Fee & Sertified Copy (Additional copy is enclosed) 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 Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SOUTHWEST FLORIDA PUBLIC RISK MANAGEMENT ASSOCIATION CHAPTER, INC.

(Name of Corporation	ı as current	ly filed with the Flor	ida Dept. of S	State)	
N13000010025					
(Досиг	ment Numbe	r of Corporation (if k	nown)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes	, this <i>Florida Not Fo</i>	r Profit Corpo	oration adopts	the following
A. If amending name, enter the new name of the	e corporatio	<u>on:</u>			
N/A					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		on" or "incorporatea	l" or the abbre	eviation "Corp	
B. Enter new principal office address, if applicable:		18500 MURDOCK CIRCLE, #B-201			
(Principal office address MUST BE A STREET A					
		PORT CHARLOTTE	E, FL 33948		1700 G
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	18500 MURDOCK C	CIRCLE, #B-2	01	SEP -
		ATTN: DAVID LYI	LES		(4)
		PORT CHARLOTT	E, FL 33928		
D. If amending the registered agent and/or regis	stered office	address in Florida,	enter the nan	ne of the	
new registered agent and/or the new register	ed office ad	dress:			- 2
Name of New Registered Agent:	DAVID LYLES				
	18500 MU	RDOCK CIRCLE, #E	3-201		
	(Florida street address)				
New Registered Office Address:	PORT CHARLOTTE , Florida 33948		8		
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen			the obligation	s of the positio	r.
-	Sie	nature of New Regist	ered Agent, if	changing	

Page 1 of 4

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 = Treusurer; 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 John 1 V Mike 2 SV Sally 5	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	STEVEN H. OLMSTEAD	1660 RINGLING BLVD
Add			SUITE 413
X Remove			SARASOTA, FL34236
2) X Change	P	DAVID LYLES	18500 MURDOCK CIRCLE
Add			PORT CHARLOTTE, FL 33948
Remove			
3) X Change	V	I.ORI MCCULLERS	735 8TH ST S
Add	 -		NAPLES, FL 34102
Remove			
4) X Change	S	LINDA KLASING	1112 MANATEE AVE. WEST
Add			969
Remove			BRADENTON, FL 34205
5) Change	AT-LAF	JUDY DUBREUII.	STE. 207
X Add			111 S. ORANGE AVE.
Remove			SARASOTA, FL 34236
б) Change	AT-LAF	TIMOTHY PARKS	101 OLD MAIN ST.
X Add			BRADENTON, FL 34205
Remove			

 If amending or adding additional Arti (attach additional sheets, if necessary). 	(Be specific)		

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date this document was sig		, if other than the
Effective date if applicab	JULY 19, 2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted document's effective date of	in this block does not meet the applicable statutory filing requirements, this date will no on the Department of State's records.	t be listed as the
Adoption of Amendment	(s) (CHECK ONE)	
The amendment(s) was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
There are no members adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Dated	8/24/2018	
Signature	1 Line C. Off	
hav	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator — if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
	DAVID LYLES	
	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	