

N15000001384

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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R. WHITE

SUNSHINE CORPORATE
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724
850-508-1891 (cell)

Date: 4-20-17

Name:	Florida Smoke Free
Document #:	Association
Order #:	James / Harbor Camp

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Amount: \$ 35.00

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Smoke Free Association, Inc.

DOCUMENT NUMBER: N15000001384

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

Please return all correspondence concerning this matter to the following:

Robert Lovett

(Name of Contact Person)

Florida Smoke Free Association, Inc.

(Firm/ Company)

8412 Sable Industrial Boulevard STE A

(Address)

Tampa, FL 33629

(City/ State and Zip Code)

rlovett80@gmail.com

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

For further information concerning this matter, please call:

Robert Lovett

352

281-4913

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:

☒ \$35 Filing Fee
 ☐ \$43.75 Filing Fee & Certificate of Status
 ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
 ☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

17 APR 20 AM 8:51

Florida Smoke Free Association, Inc.

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

N15000001384

(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:

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**)

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Registered Agents Inc
3030 N Rocky Point Dr
(Florida street address)

New Registered Office Address:
Tampa, Florida 33607
(City) (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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>VP</u>	<u>Jordan Dallesio</u>	<u>7097 66th St N</u>
<input type="checkbox"/> Add			<u>Pinellas Park, FL 33781</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>S</u>	<u>Brent Britton</u>	<u>400 North Tamia St. STE 2840</u>
<input type="checkbox"/> Add			<u>Tampa, FL 33602</u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>P</u>	<u>Robert Lovett</u>	<u>8130 West Waters NE STE 130</u>
<input checked="" type="checkbox"/> Add			<u>Tampa, FL 33615</u>
<input type="checkbox"/> Remove			<u></u>
4) <input checked="" type="checkbox"/> Change	<u>C</u>	<u>Terryl Bowen</u>	<u>8412 Sable Industrial Blvd STE A</u>
<input type="checkbox"/> Add			<u>Tampa, FL 33619</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u>T</u>	<u>Delores Orlando</u>	<u>101 Clearwater Largo Rd STE 1</u>
<input checked="" type="checkbox"/> Add			<u>Largo, FL 33770</u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u>S</u>	<u>Shannon Whitesell</u>	<u>626 Oakfield Dr</u>
<input checked="" type="checkbox"/> Add			<u>Brandon, FL 33511</u>
<input type="checkbox"/> Remove			<u></u>

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

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

Amend Article III to: The specific purpose for which this corporation is organized is education related to tobacco harm reduction. This corporation is organized exclusively for business development and association of persons promoting a common business interest, and improving business conditions within the meaning of Section 501(c)(6) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Add Article VIII:

No part of the net earnings shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private person, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its tax exempt purposes.

Add Article IX:

Upon dissolution of this corporation or winding up of its affairs, the assets of this corporation shall be distributed first in repayment of any indebtedness or liabilities of the corporation, and then, if any funds shall remain, exclusively to such tax-exempt organization or organizations which have purposes or objectives similar to those of the corporation.

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

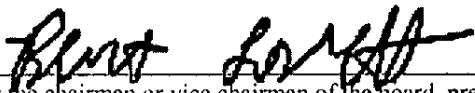
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 April 20, 2017

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)

Robert Lovett
(Typed or printed name of person signing)

President
(Title of person signing)