

N16000002118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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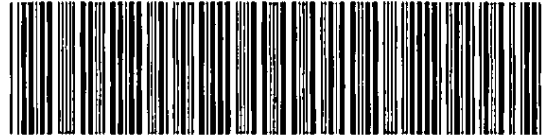
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 JUN -8 AM 11:21

JUN 11 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Southeastern Homicide Investigators Association

DOCUMENT NUMBER: N16000002118

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

Please return all correspondence concerning this matter to the following:

Jennifer Spears
(Name of Contact Person)

Southeastern Homicide Investigators Association
(Firm/ Company)

P.O. Box 102
(Address)

Sakrento, FL 32776
(City/ State and Zip Code)

~~jenspears@sehia.org~~ jenspears@sehia.org
(e-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

Jennifer Spears at (407) 402-0223
(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 type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
2010 JUN -8 AM 11:21

Articles of Amendment
to
Articles of Incorporation
of

Southeastern Homicide Investigators Association, Inc

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

N160000002118

(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:

N/A

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**)

* just a typo on
previous zip code

100 Eslinger Way

Attn: Investigator Jennifer
Sanford, FL 32773 Spears

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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

N/A

(Florida street address)

New Registered Office Address:

_____, Florida _____
(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

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DIVISION OF CORPORATIONS
2008 JUN -8 AM 11:22

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) ☐ Change Secretary Brenda Hendricks P.O. Box 102
☐ Add Sorrento, FL
☒ Remove 32776
- 2) ☐ Change Director Lisa Suepat P.O. Box 102
☐ Add Sorrento, FL
☒ Remove 32776
- 3) ☐ Change _____ _____ _____
☐ Add _____ _____ _____
☐ Remove _____ _____ _____
- 4) ☐ Change _____ _____ _____
☐ Add _____ _____ _____
☐ Remove _____ _____ _____
- 5) ☐ Change _____ _____ _____
☐ Add _____ _____ _____
☐ Remove _____ _____ _____
- 6) ☐ Change _____ _____ _____
☐ Add _____ _____ _____
☐ Remove _____ _____ _____

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

N/A

The date of each amendment(s) adoption: 5-25-2018, 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 5-25-2018

Signature Jennifer L. Spears
(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)

Jennifer L. Spears
(Typed or printed name of person signing)

President
(Title of person signing)



Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Not For Profit Corporation

SOUTHEASTERN HOMICIDE INVESTIGATORS ASSOCIATION, INC.

Filing Information**Document Number** N16000002118**FEI/EIN Number** 81-1691819**Date Filed** 03/01/2016**State** FL**Status** ACTIVE**Principal Address**

100 ESLINGER WAY

ATTN: INV. JENNIFER SPEARS

SANFORD, FL 32773

- 32773

Changed: 01/05/2017

Mailing Address

PO BOX 102

SORRENTO, FL 32776-0102

Registered Agent Name & Address

SPEARS, JENNIFER L

100 ESLINGER WAY

ATTN: INV. JENNIFER SPEARS

SANFORD, FL 32773

Address Changed: 01/05/2017

Officer/Director Detail**Name & Address**

Title President

SPEARS, JENNIFER L

PO BOX 102

SORRENTO, FL 32776-0102

Title Secretary

HENDRICKS, BRENDA

remove

PO BOX 102
SORRENTO, FL 32776-0102

Title VP

SPRAGUE, TERESA
PO BOX 102
SORRENTO, FL 32776-0102

Title Director

GALLINA, JAMES
PO BOX 102
SORRENTO, FL 32776

Title Director

WILLIS, ERIN
PO BOX 102
SORRENTO, FL 32776

Title Director

MOTT, JOSH
PO BOX 102
SORRENTO, FL 32776

Title Director

Multari, EvaMarie
PO BOX 102
SORRENTO, FL 32776-0102

Title Director

Suepat, Lisa
~~PO BOX 102~~
~~SORRENTO, FL 32776-0102~~

remove

Title Director

Orozco, Karla
PO BOX 102
SORRENTO, FL 32776-0102

Title Director

Wolter, Sally
PO BOX 102
SORRENTO, FL 32776-0102

DOCUMENT CONTAINS COLORED BACKGROUND ON WHITE PAPER. "VOID" FEATURE, SIMULATED WATERMARK (REVERSE SIDE) MICRO-PRINT BORDER.

Account: **DOCUMENT NUMBER** **\$43.75**

PLEASE POST THIS PAYMENT FOR OUR MUTUAL CUSTOMER

SOUTHEASTERN HOMICIDE INVESTIG
100 BUSH BLVD.
SANFORD, FL 32773-6706

Please Direct Any Questions To
Online Bill Payment Processing Center
(800) 243-2508

1011/632

0000995026

MEMO: Amendment of annual filing docs

REGIONS BANK

June 01, 2018

07266 5377654 007278 007278 00001/00001 k07266

Pay **FORTY THREE AND 75/100** DOLLARS

\$ *****43.75

TO THE ORDER OF FLORIDA DEPARTMENT OF STATE
PO BOX 102
SORRENTO, FL 32776-0102



Void After 180 DAYS.
Signature On File
This check has been authorized
by your depositor

⑈995026⑈ ⑆063210112⑆ 0199434504⑈ 80