[OSIOONIA

(Re	equestor's Name)	5. 5. 5 m			
(Address)					
(Ac	(Address)				
(Ci	ty/State/Zip/Phone) #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nan	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



400297488334

04/05/17--01014--003 **43.75

AMPR 11 2017 R. WHITE 17 #FR -5 PH 1:10

COVER LETTER

TO: Amendment Section **Division of Corporations** FLORIDA FIREFIGHTERS SAFETY AND HEALTH COLLABORATIVE INC. NAME OF CORPORATION: N16000012077 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marcus Braswell (Name of Contact Person) Sugarman & Susskind, P.A. (Firm/ Company) 100 Miracle Mile Suite 300 (Address) Coral Gables, FL 33134 (City/ State and Zip Code) mbrasweik@sugarmansusskind.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marcus Braswell 305 529-2801 (Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is **Cartified Copy** enclosed) (Additional Copy is

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

Enclosed)

N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A N/A N/A		: enerentk			
(Document Number of Corporation (if known) ursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of incorporation: If amending assue, enter the new name of the corporation: If a mending assue, enter the new name of the corporation: If a mending name of the name of the corporation or "incorporated" or the abbreviation "Corp." or "line." Company" or "Co." may not be used in the name. Enter new principal office address if applicable: N/A N/A N/A N/A N/A N/A N/A N/	V16000012077		v filed with the Pionas	Dent, of State)	17 HFE -5
The provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following sendment(s) to its Articles of incorporation: If amending assue, enter the new name of the corporation: If amending assue, enter the new name of the corporation: If amending passes, enter the new name of the corporation: If amending the distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." Company" or "Co." may not be used in the name. Enter new principal office address. If applicable: N/A N/A N/A N/A N/A N/A N/A N/			4.00		Pro Pro
If smending name, enter the new name of the corporation: A					A CONTRACT OF THE PROPERTY OF
The new me 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. Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) N/A N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A N/A N/A If amending the registered agent and/or registered office address in Florida, cuter the name of the new registered agent and/or the new registered office address: N/A N/A N/A (Florido stress address) N/A N/A Florida N/A Florida N/A Florida N/A Florida N/A Florida	rsuant to the provisions of section 617.1006, Florida sendment(s) to its Articles of Incorporation:	a Statutes,	, this <i>Florida Not For P</i>	rofts Corporation	adopts the following
ms 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. Enter new principal office address, if applicable: rincipal office address MUST RE A STREET ADDRESS) N/A N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A N/A N/A If amending the registered agent and/or registered office address in Florida, cuter the name of the new registered agent and/or the new registered office address: N/A N/A N/A N/A (Florido stress oddress) N/A N/A Florida N/A Florida N/A Florida N/A Florida N/A Florida	-	orporatio	AL .		** *
Enter new principal office address, if applicable: Vincipal office address MUST RE A STREET ADDRESS) N/A N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A N/A 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: N/A N/A N/A (Florido strest address) N/A N/A N/A Florida		onenardi.	on" /= "incorporated" /	e the phineviatio	
Enter new principal office address. If annihicable: N/A N/A N/A Enter new mailing address, if annihicable: (Mailing address MAY BE A POST OFFICE BOX) N/A N/A N/A 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: N/A N/A N/A N/A N/A N/A N/A N/	Company" or "Co." may not be used in the name.	corporati	on or incorporates c	, 2,0 000, 00, 10, 10, 10, 10, 10, 10, 10,	
N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A N/A N/A N/A 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: N/A N/A N/A	. Enter new principal office address, if applicable	,	N/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A N/A N/A 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 (Florido street address) N/A N/A (Florido street address) N/A N/A (Florido street address)	rincipal office address <u>MUST BE A STREET ADL</u>	ND DOG \	N/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A N/A N/A 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 (Florido street address) N/A N/A (Florido street address)			N/A		
Mailing address MAY BE A POST OFFICE BOX N/A N/A N/A 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 N/A (Florida street address: N/A N/A Florida N/A Florida N/A N/A Florida		-	11/14	<u> </u>	
N/A N/A 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 (Florido street address) N/A N/A Florida N/A Florida	Enter new mailing address, if applicable:		N/A		
N/A 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: N/A N/A Florida N/A N/A Florida N/A Florida	(Mailing address MAY BE A POST OF FICE BOX)		N/A		
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 (Florido street oddress) N/A N/A Florida N/A Florida		-			
Name of New Registered Agent: New Registered Office Address: N/A N/A (Florido street address: N/A N/A Florida N/A N/A Florida			N/A		
Name of New Registered Agent: Now Registered Office Address: N/A N/A (Florido street address) N/A N/A Florida N/A Florida	If amending the registered agent and/or register	red office	address in Florida, en	er the name of t	the .
Name of Naw Registered Agent: N/A (Florido street address) New Registered Office Address: N/A N/A , Florida	new registered agent and/or the new registered	office ad	dress:		
New Registered Office Address: N/A N/A Florida N/A	Name of New Revistared Agent:	VA			
New Registered Office Address: N/A , Florida	N	VA			
N/A Florida N/A	New Registered Office Address		(Florie	o street oddress)	
, Florida		I/A			N/A
(Cu)/ (Zip Coae)	<u> </u>		N'ini		109
			(CHY)	(2	ip Coae)
	и ту отора не произнени са гадински сусли.	, an jan	wies wich eine eiczept in	· vargations of t	ne position.
vereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.					
tereby accept the appointment as registered agent. I am jamutar with and accept the obligations of the position.					

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 = 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 officeheld. 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 Y SY	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	P	Christopher Bator	2801 Coral Springs Dr.
Add			Coral Springs, FL 33065
Remove			
2) Change	v	Vacant	
X Add			<u> </u>
Remove	ST	Vicki Sheppard	2801 Coral Springs Dr.
X Add	,		Coral Springs, FL 33065
Remove			
4) X Change	D	Ryan Gallik	2801 Coral Springs Dr.
Add			Coral Springs, FL 33065
Remove			
5) Change	D	Jeremy Hurd	2801 Coral Springs Dr.
X Add			Coral Springs, FL 33065
Remove			
6) Change	D	Dustin Hawkins	2801 Coral Springs Dr.
X Add			Coral Springs, FL 33065
Remove			

E. Hamending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ARTICLE III SHALL BE AMENDED TO READ AS FOLLOWS: The specific purpose for which this corporation is organized is: to focus on firefighter safety & health by providing education, training, and sharing of best practices to minimize risks and exposure to our Florida firefighters. This corporation is organized exclusively for charitable, religious, educational, or scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. ARTICLE VIII SHALL BE CREATED AND SHALL READ AS FOLLOWS: ARTICLE VIII. DISSOLUTION. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

_		N/A		ما ياد منظم الماد الم
	e date of each amendment(s) ado e this document was signed.	ption:	· · · · · · · · · · · · · · · · · · ·	if other than the
(XXIII	N/A			
EſI	ective date <u>if applicable</u> :			
		(no more than 90	days after amendment file date)	
Not doc	iei If the date inserted in this block unnent's effective date on the Depa	does not meet the app riment of State's record	olicable statutory filing requirements, the	is date will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)		•
	The amendment(s) was/were adopwas/were sufficient for approval.	ated by the members an	nd the number of votes cast for the ame	ndment(s)
赵	There are no members or member adopted by the board of directors		ne amendment(s). The amendment(s) w	as/were
	Dated 3-2	9-/7	<u></u>	
	Signature		.co.velor weight an account of a	
	have not been		the board, president or other officer-if on mater – if in the hands of a receiver, true at fiduciary)	
	<u>Cwa</u>	ISTOPHER G		
		(Typed or)	printed name of person signing)	
	•********************************	PRESIT	DENT (Title of person signing)	