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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		ITERS SAFETY AND I	HEALTH C	COLLABORATIV	Έ
	6000012077				
DOCUMENT NUMBER:					
The enclosed Articles of Amen	dment and fee are subm	itted for filing,			
Please return all correspondence	e concerning this matter	to the following:			
CHRISTOPHER BATOR					
	(Name of Contact Persor	1)		
FLORIDA FIREFIGHTERS S	AFETY AND HEALTH	COLLABORATIVE			
		(Firm/ Company)			
3391 CUSTER AVE					
		(Address)			
LAKE WORTH, FL 33467					
	(1	City/ State and Zip Code	e)		
CBATOR@FLORIDAFIREF	GHTERSAFETY.ORG				V
E-m	ail address: (to be used t	or future annual report	notification)	
For further information concern	ning this matter, please c	ail:			
CHRISTOPHER BATOR		56 at	1	716-9901	
(N	ame of Contact Person)	(Ar	ea Code)	(Daytime Telepl	none Number)
Enclosed is a check for the following	owing amount made pay	able to the Florida Depa	artment of S	State:	
■ \$35 Filing Fee 【	□\$43.75 Filing Fee & □ Certificate of Status	2\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy tional Copy is sed)	

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

FLORIDA FIREFIGHTERS SAFETY AND HEALTH COLLABORATIVE INC.

(Name of Corporation	as curren	tly filed with the Flo	rida Dept. of State)	
N16000012077	·			
(Docum	ent Numb	er of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statute	s, this <i>Florida Not Fo</i>	or Profit Corporation adopts the follow	ving
A. If amending name, enter the new name of the N/A	corporati	on:		
name must be distinguishable and contain the word	"corporal	ion" or "incorporate	The d" or the abbreviation "Corp." or "In	
"Company" or "Co." may not be used in the name B. Enter new principal office address, if applicate	_	N/A		
(Principal office address <u>MUST BE A STREET Al</u>	DDRESS)	N/A		
		N/A		α}
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	ी के अर्थ	1
		N/A	1)	
		N/A		ب — ب س
D. If amending the registered agent and/or registered agent and/or the new registered			enter the name of the	• • •
	N/A	adi ess.		
<u>Name of New Registered Agent:</u>	N/A			
N. P Ioff All		(F	lorida street address)	
New Registered Office Address:	N/A		N/A	
		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	legistered t. I am fai	Agent: niliar with and accept	t the obligations of the position.	
_	e	onation of Nov. D 2	tered 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.

X Change X Remove X Add	<u>V Mi</u>	nn <u>Doe</u> ke <u>Iones</u> lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
X 1) Change	P	CHRISTOPHER BATOR	3391 CUSTER AVE
Add			LAKE WORTH, FL 33467
Remove			
X 2) Change	ST	VICKI SHEPPARD	3391 CUSTER AVE
Add			LAAKE WORTH, FL 33467
Remove X 3) Change	D	JEREMY HURD	3391 CUSTER AVE
Add			LAKE WORTH, FL 33467
Remove			
X 4) Change	D	DUSTIN HAWKINS	3391 CUSTER AVE
Add			LAKE WORFH, FL 33467
Remove			
X 5) Change	D	SAMUEL EATON	3391 CUSTER AVE
Add			LAAKE WORTH, FL 33467
Remove			
6) Change	D	BERT VERGARA	3391 CUSTER AVE
X Add			LAKE WORI'H, FL 33467
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	icles, enter change (Be specific)	e(s) here:			
N/A					
			_		
	<u>.</u>				
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•	April 27, 2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Α	April 27, 2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appr	c adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or me adopted by the board of directions.	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
April 27 Dated	7, 2018	
Signature	AVZ	
(By the cl have not other con	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary) topher Bator, President	_
	(Typed or printed name of person signing)	
	(Title of person signing)	