NIQODDD246

(Re	equestor's Name)	
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	isiness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	



10/03/18--01019--002 ++43.75

FILED 18 OCT - 3 PR 14: 19 MULAINASSEE, FLORIDA

OCT 0 5 2018 S. YOUNG

j.	COVER LETTER
TO: Amendment Section Division of Corporations	
FLORIDA BANK	ERS HEALTH CONSORTIUM, INC.
N16000012246	
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Angela A. O'Reilly	
	(Name of Contact Person)
Trust Management Group	
	(Firm/ Company)
300 Primera Blvd., Suite 140	
	(Address)
Lake Mary, FL 32746	
	(City/ State and Zip Code)
Boreilly@selectsourceone.com	ed for future annual report notification)
For further information concerning this matter, pleas	. ,
Angela A. O'Reilly	407 515-2462 at
(Name of Contact Perso	
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	2 \$43.75 Filing Fee & \$52.50 Filing Fee 3 Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
	Street Address

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Articles of Amendment to Articles of Incorporation of

FLORIDA BANKERS HEALTH CONSORTIUM, INC.

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

N16000012246

(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:

Not Applicable		The new
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation	in "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	Not Applicable	
(* * * * * * * * * * * * * * * * * * * 	·))+ : CO
		<u> </u>
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Not Applicable	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		the 10 CO
Name of New Registered Agent: Not App		
	(Florida street address)	
<u>New Registered Office Address</u> :		
	, Flor	
Nam Desistand Acad's Cimpture (Faboncin- Dinteres		lip Code)
New Registered Agent's Signature, if changing Registered	a regente	

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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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)

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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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>John Do</u> <u>Y</u> <u>Mike Jo</u> <u>SV</u> <u>Sally Sr</u>	ines	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CFO	Christine S Hauptle	
Add X Remove			
2) Change	Comptrc	Julius Walker	300 Primera Blvd, Suite 140
<u>X</u> Add			Lake Mary, FL 32746
Remove 3) Change	T	Lloyd DeVaux	14095 S Dixie Hwy
X Add			Miami, FL 33176-7222
Remove			
4) Change	<u> </u>		
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add Remove			
		Page 2 of 4	

E.	If amending or adding additional Ar	<u>ticles, enter change(s) her</u>	<u>e</u> :
	(as - h additional chapter if management)	(Ba anasific)	

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

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Page 3 of 4

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

August 31, 2018 Signature

(By the chairman or vice chairman of the bland, 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)

Angela A. O'Reilly

(Typed or printed name of person signing)

President

(Title of person signing)