

N18000011342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

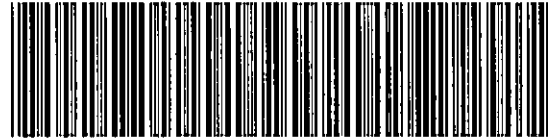
(Business Entity Name)

(Document Number)

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11:23:33

To: Querida

Regarding: Name change for Florida AACE, INC. to Florida Endocrine Association

- FEI: 83-2312870
- Registration #: 18000011342

Hi Querida,

Please see the information in this packet to request a name change for Florida AACE, INC. to Florida Endocrine Association. Included in this packet is the original (incorrect) form I sent previously plus a copy of the canceled check.

Also included in the articles of incorporation, plus the correct form for this name change.

Please let me know if there are any questions or if you need anything else. Thank you for your help!

Happy Holidays

Beverly Hastings

Association Administrator
Florida Endocrine Association
Bhastings19@outlook.com

Cell: 904-307-7809

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Endocrine Association (currently Florida AACE, Inc)

DOCUMENT NUMBER: N18000011342

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

Please return all correspondence concerning this matter to the following:

Beverly Hastings

(Name of Contact Person)

Florida Endocrine Association

(Firm/ Company)

PO Box 951005

(Address)

Lake Mary, FL 32795

(City/ State and Zip Code)

bhastings19@outlook.com

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

For further information concerning this matter, please call:

Beverly Hastings

904

307-7809

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)

previously paid -
copy of check 2275 enclosed

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Florida AACE, Inc.

2:27

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

N18000011342

(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:

Florida Endocrine Association, Inc.

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:

635 N Maitland Blvd

(Principal office address **MUST BE A STREET ADDRESS**)

Maitland, FL 32751

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Po Box 951003

Lake Mary, FL 32795

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:

Beverly Hastings

1325 Rotonda Point #225

(Florida street address)

New Registered Office Address:

Lake Mary

(City)

Florida 32795

(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.

Beverly J Hastings

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Sam Lerman</u>	<u>635 N. Maitland Ave.</u> <u>Maitland, FL 32751</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Hanford Yau</u>	<u>635 N. Maitland Ave.</u> <u>Maitland, FL 32751</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Katarzyna Piotrowska</u>	<u>635 N. Maitland Ave.</u> <u>Maitland, FL 32751</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Sherief Kamel</u>	<u>635 N. Maitland Ave.</u> <u>Maitland, FL 32751</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Penny Glickman</u>	<u>635 N. Maitland Ave.</u> <u>Maitland, FL 32751</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

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

Changed officers to President, Vice President, Secretary and Treasurer (formerly, President, V-Pres, 2nd V-Pres, Sec/ Tres)

Removed connection to National association (AACE) as a state chapter

☐ 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 October 1, 2020

Signature Sam Lerman MD / hyl
(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)

~~Sam, MD Lerman~~ Sam Lerman, MD
(Typed or printed name of person signing)

President, Florida Endocrine Association
(Title of person signing)