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COVER LETTER

TO: Amendment Section **Division of Corporations** ABPSI Central Florida Inc. NAME OF CORPORATION: N19000009667 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Veronica White Ph.D. (Name of Contact Person) ABPSI Central Florida Inc. (Firm/ Company) 1850 Lee Road Suite 210 (Address) Winter Park, Florida 32789 (City/ State and Zip Code) drwa@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Veronica White, Ph.D. 407-478-5125 (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 & □\$43.75 Filing Fee &

□\$52.50 Filing Fee

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(Additional copy is

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enclosed)

(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** The Centre of Tallahassee

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ABPSI Central Florida Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N19000009667 (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: Association of Black Psychologists Central Florida Chapter Inc. 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A _. 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.

N/A
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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add		N/A	
Remove			
2) Change Add		N/A	
Remove 3) Remove		N/A	
4) Change Add		N/A	
Remove			
5) Change Add		N/A	
Remove			
6) Change Add		<u>N/A</u>	
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
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N/A			·	
				
				
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The date of each amendment(s) adop	tion:	5-15-20		_, if other than the
date this document was signed.	5-15-20			
Effective date <u>if applicable</u> :		vs after amendment file	dater	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applic	able statutory filing rec		be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
_		ah na mark sa sa s	and Company of the control of the co	
The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and	the number of votes ca	st for the amendment(s)	

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

	5-15-20
Dated	
Signature	Versia White PhD.
(By	the chairman or vice chairman of the board, president or other officer-if directors
ha	ive not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	her court appointed fiduciary by that fiduciary)
	Veronica White, Ph.D
	(Typed or printed name of person signing)
	President
	(Title of person signing)