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## **COVER LETTER**

TO: Amendment Section — Division of Corporations		; - j	•
NAME OF CORPORATION: FLORIDA A	SSOCIATION OF RE		NTS INC
DOCUMENT NUMBER: N20000003711			
The enclosed Articles of Amendment and fee a			
Please return all correspondence concerning thi			
Diana R Braun		3.	
	(Name of Conta	ict Person)	
FLORIDA ASSOCIATION OF RECOVERY		,	
	(Firm/ Com	ipany)	
5414 N US 1			
	(Addres	s)	
FORT PIERCE, FLORIDA 34946			
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advancerecovery@live.com			
E-mail address: (to be	used for future annua	report notificati	on)
For further information concerning this matter, p	lease call:		
Diana R Braun		772 _ at	985-5849
(Name of Contact Pe	erson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Flori	da Department o	f State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of Stat	& □\$43.75 Filing F	ee & ■\$52 Certi y is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	į	Street Address Amendment Sec Division of Corp The Centre of 7 2415 N. Monro	orations

Tallahassee, FL 32303

## Articles of Amendment

Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)	-51
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
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: (Principal office address MUST BE A STREET ADDRESS)	
	\ .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
). 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:	
New Registered Office Address: (Florida street address)	
(City) (Zip Code)	
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Stenature 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 = ChiefExecutive 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	<u>V</u> <u>Mil</u>	n <u>Doe</u> se Jones sy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	PRES	BRIAN TAYLOR	5414 N US 1 FORT PIERCE, FL 34946
Remove  2) Change Add	VP	HEATHER R. ROBERTS	PO BOX 5851 LAKELAND, FL 33807
3 )	SEC	DIANA R BRAUN	5414 N US 1 FORT PIERCE, FL 34946
4) Change Add			
Remove 5) Change Add Remove			
Change Add	<del></del>		
(anach thaimonai sh	ieeis, if necessary).		
Zogai Fayioi Will now	ve president, Heat	her R Roberts will be Vice-President and I	Diana R Braun will be Secretary

The date of each amendment(s) adoption:05/06/2020
date this document was signed, if other than the
Fifective data if applicable 05/06/2020
microve date in 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 05/06/2020
Signature  (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)
Diana R Braun
(Typed or printed name of person signing)
Former President Secretary

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