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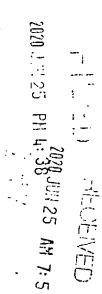
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OCIATION OF RECOVE	ERY AGENTS	INC
N20000003711			
DOCUMENT NUMBER:		.	_ -
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Diana R Braun			
	(Name of Contact Pe	erson)	
FLORIDA ASSOCIATION OF RECOVERY A	GENTS INC		
	(Firm/ Company	·/)	
5414 N US 1			
	(Address)	<u> </u>	
Fort Pierce, FI 34946			
	(City/ State and Zip	Code)	
advancerecovery@live.com			
E-mail address: (to be	e used for future annual re	port notification	on)
For further information concerning this matter, p	olease call:		
Diana Braun	21	772	985-5849
(Name of Contact P		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida	Department o	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fe Certificate of Sta		Certi is Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations	A	reet Address mendment Sectivision of Cort	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 ASSOCIATION OF RECOVERY AGENTS INC

(Name of Corporation as currently filed with the Florida D	ept. of State)	
N20000003711		
(Document Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s. this <i>Florida Not For Profit Corporation</i> ado	pts the following
A. If amending name, enter the new name of the corporati	on:	
		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "C	orp." or "Inc. '
B. <u>Enter new principal office address</u> , if <u>applicable</u> : (Principal office address <u>MUST BE A STREET ADDRESS</u>))	
		——1975 1701
C. Enter new mailing address, if applicable:		Ç
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		25 PII 4:
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the	٠. ن
new registered agent and/or the new registered office a	address.	•
Name of New Registered Agent:		
New Registered Office Address:	(Florida sirect address)	
	, Florida	
	(City) (Zip Co	ode)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the polynomia. The polynomia of New Registered Agent, if changing	osition.

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; CF() = 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 D V Mike Je SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	<u>P</u>	HEATHER R ROBERTS	P.O. BOX 5851 Lakeland, FI 33807
Remove			
2) <u>×</u> Change Add	<u>VP</u>	DIANA R BRAUN	5414 N US 1 FORT PIERCE, FL 34946
Remove	<u>s</u>	ANDREA ROOT HARKER	161 N CYPRESS WAY CASSELBERRY, FL 32707
4)ChangeAdd		BRIAN TAYLOR	5414 N US I FORT PIERCE, FL 34946
XX Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional she	ing additional Ar vets, if necessary).	ticles, enter change(s) here: (Be specific)	
·			

	-
	· · · · · · · · · · · · · · · · · · ·
The date of each amendment(s) adoption: 06/11/2020 date this document was signed.	, if other than the
06/11/2020	
(no more than 90 da	ys after amendment file date)
Note: If the date inserted in this block does not meet the applie document's effective date on the Department of State's records	cable statutory filing requirements, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	06/18/2020
Signatu	(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

(Title of person signing)