

N22530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

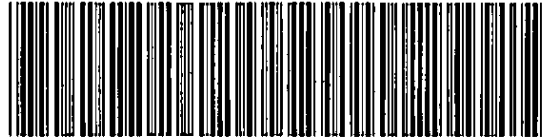
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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CLERK OF STATE
DIVISION OF CORPORATIONS
19 NOV -1 PM 12:04

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NOV 04 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ST LUCIE COUNTY BAR ASSOCIATION, INC.

DOCUMENT NUMBER: N22530

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

Please return all correspondence concerning this matter to the following:

ALEXZANDER GONANO

Name of Contact Person

GONANO & HARRELL

Firm/ Company

1600 SOUTH FEDERAL HWY, SUITE 200

Address

FT PIERCE FL 34950

City/ State and Zip Code

AGONANO@GH-LAW.COM

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

For further information concerning this matter, please call:

ALEXZANDER GONANO

at (772) 464-1032

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)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

19 NOV - 1 PM 12:04

RECEIVED
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2019

ALEXZANDER GONANO
GONANO & HARRELL
1600 SOUTH FEDERAL HWY, SUITE 200
FT PIERCE, FL 34950

SUBJECT: ST. LUCIE COUNTY BAR ASSOCIATION, INC.
Ref. Number: N22530

We have received your document for ST. LUCIE COUNTY BAR ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 019A00020913

2019 OCT -1 PM 2:00

Articles of Amendment
to
Articles of Incorporation
of

St. Lucie County Bar Assn, Inc.

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

N22530

(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:

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:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(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:

Name of New Registered Agent: Taylor Hoskins

302 South 2nd Street

(Florida street address)

New Registered Office Address:

Fort Pierce, Florida 34950

(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.



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	<u>P</u>	<u>Taylor Hoskins</u>	<u>302 South Second Street</u>
<input type="checkbox"/> Add			<u>Fort Pierce, FL 34950</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>V</u>	<u>Alexzander Gonano</u>	<u>1600 S. Federal Highway, Suite 200</u>
<input type="checkbox"/> Add			<u>Fort Pierce, FL 34950</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>P</u>	<u>Luis A. Sosa</u>	<u>1660 SW St Lucie West Blvd</u>
<input type="checkbox"/> Add			<u>Suite 300</u>
<input checked="" type="checkbox"/> Remove			<u>Port St. Lucie, FL 34986</u>
4) <input type="checkbox"/> Change	<u>TS</u>	<u>Justin Lefko</u>	<u>302 S. Second Street</u>
<input checked="" type="checkbox"/> Add			<u>Fort Pierce, FL 34950</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

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

The date of each amendment(s) adoption: 8/1/2019, if other than the date this document was signed.

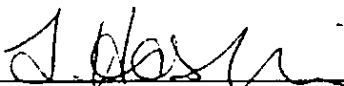
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 10-28-19

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)

Taylor Hoskins
(Typed or printed name of person signing)

President
(Title of person signing)