## N25403

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Florida Council on	Compulsive Gamble	ing, Inc.		
DOCUMENT NUMBER:				
The enclosed <i>Articles of Amendment</i> and fee are sub-	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
Jennifer Kruse - Executive Director				
	(Name of Contact	Person)		
Florida Council on Compulsive Gambling, Inc.				
·	(Firm/ Compa	ıny)		
P.O. Box 2309				
	(Address)			
Sanford, FL 32772				
	(City/ State and Zi	p Code)		
jkrusc@gamblinghelp.org				
E-mail address: (to be use	ed for future annual	report notificati	on)	<del> </del>
For further information concerning this matter, pleas	e call:			% 28 30 28
Jennifer Kruse		407 at	865-6200	2023 JUL 32.C.V. 77.L.
(Name of Contact Person		(Area Code)	) (Daytime Teleph	one Number)
Enclosed is a check for the following amount made p	payable to the Florid	a Department c	of State:	ਦ - ਼ ⊒:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Cert y is Cert (Ado	50 Filing Fee ificate of Status ified Copy ditional Copy is losed)	CATE
Mailing Address Amendment Section Division of Corporations	Ī	Street Address Amendment Sec Division of Cor	etion	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

Florida Council on Compulsive Gambling, Inc.

(Name of Corporation as currently filed with the Flo	orida Dept. of Sta	<u>te</u> )		
N25403				
(Document)	Number of Corpo	ration (if known)		
Pursuant to the provisions of section 617,1006, Florida 9 amendment(s) to its Articles of Incorporation:	Statutes, this Flor	ida Not For Profit Co	orporation adopts t	he following
A. If amending name, enter the new name of the cor	rporation:			
				The new
name must he distinguishable and contain the word "co. "Company" or "Co." may not be used in the name.	orporation" or "in	ecorporated" or the al	obreviation "Corp.	" or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>				
	-			
	<del></del>	· · · · · · · · · · · · · · · · · · ·		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
			<u> </u>	
D. If amending the registered agent and/or registere		in Florida, enter the	name of the	
new registered agent and/or the new registered of	ffice address:			(9. 7
Name of New Registered Agent:				
				<u>=</u> :
New Registered Office Address:		tFlorida street a	(dress)	
			Elanida	
	(City)		, Florida (Zip Code)	100
New Registered Agent's Signature, if changing Regis  hereby accept the appointment as registered agent. To	stered Agent: am familiar with	and accept the obligat	ions of the position	PATE
		, ?	•	
			<del></del>	
	Signature of :	Vew 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	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	Scott Weinstein	2335 E. Atlantic Blvd. Suite 410 Pompano Beach, FL 33062
x Remove			
2) Change Add	<u>D</u>	Gail Sasnett-Stauffer	Gainesville, FL 32608
X   Remove	D	Dr. Rorv Reid	121 E. 1st Street Sanford, FL 32771
4) Change Add	D	Jonathan Zachem, Esq.	2898 Mahan Dr. Suite 6  Tallahassee, FL 32308 33 53
Remove 5) Change Add			A 27 6
Remove 6) Change Add			
Remove			
E. <u>If amending or ac</u> (attach additional s		Articles, enter change(s) here: v). (Be specific)	
		<u>-</u>	

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The date of each amendment(s) adoption: April 25, 2023 and June 29, 2023 date this document was signed.	, if other than the
hine 30, 2023	
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, t document's effective date on the Department of State's records.	his date will not be listed as the

(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.

Adoption of Amendment(s)

	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	June 30, 2023			
	Signature	What I wiften			
	(	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)			
		David Griffin, Esq.			
		(Typed or printed name of person signing)			
		President			
		(Title of person signing)			

SECREDATE STATE