

N40911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

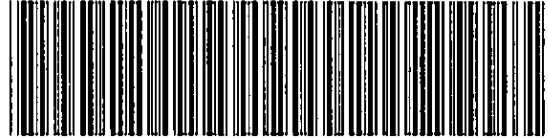
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Central Florida Association of Health Underwriters, Inc.

DOCUMENT NUMBER: N40911

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

Please return all correspondence concerning this matter to the following:

Dave Sherrill

(Name of Contact Person)

Sherrill Insurance Brokerage, Inc.

(Firm/ Company)

498 Palm Springs Drive, Suite 270

(Address)

Altamonte Springs, FL 32701

(City/ State and Zip Code)

dave@sherrillins.com

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

For further information concerning this matter, please call:

Dave Sherrill

407

831-5000

at

(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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Central Florida Association of Health Underwriters, Inc.

2022 DEC 13 PM 9:32
RECEIVED
TALLAHASSEE, FL
D

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

N40911

(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:

National Association of Benefits and Insurance Professionals Central Florida Chapter, Inc.

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)

498 Palm Springs Drive, Suite 270

Altamonte Springs, FL 32701

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 160790

Altamonte Springs, FL 32716-0790

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:

N/A

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(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 type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>Mary Lou Blackmer</u>	<u>1340 Ridgewood Ave.</u> <u>Holly Hill, FL 32117</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>Christopher Kinley</u>	<u>2417 Cimarrone Blvd</u> <u>Saint Johns, FL 32259</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Morgan Campbell</u>	<u>2233 Lee Road # 204</u> <u>Winter Park, FL 32789</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>S</u>	<u>Wendy Reed</u>	<u>1400 Morgan Stanley Ave #530</u> <u>Winter Park, FL 32789</u>
<input type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>PP</u>	<u>Jennifer LaTour</u>	<u>200 South Orange Ave, Ste 750</u> <u>Orlando, FL 32801</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>PE</u>	<u>Erica Bereczki</u>	<u>1000 Beckstrom Drive</u> <u>Oviedo, FL 32765</u>
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

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

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

- Dated 12/8/22
- 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)
- Christopher Kinley
- _____
(Typed or printed name of person signing)
- President
- _____
(Title of person signing)