N46392

(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:

Susan Caverly GAVE AUTHORIZATION BY PHONE TO CHANGE Date & Adoption DATE 02-27-07 BY D Cornell

Office Use Only

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02/22/07--01019--006 **35.00

FILED
07 FEB 22 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Change

D. CORNELL FEB 27 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Employee Benefits Council of Central Florida Inc.

DOCUMENT NUMBER: N46392

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

Please return all correspondence concerning this matter to the following:

Susan Conerly
(Name of Contact Person)

Suntrust Bank
(Firm/ Company)

200 South Orange Ave. MC 1081
(Address)

Orlando, FL 32801
(City/ State and Zip Code)

For further information concerning this matter, please call:

Susan Conerly at (407) 237-4650
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $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

Articles of Amendment
to
Articles of Incorporation
of

Employee Benefits Council of Central Florida, Inc.

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

N46392

(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:

NEW CORPORATE NAME (if changing):

ASPPA Benefits Council of Central Florida, Inc.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

07 FEB 22 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: 01/23/07

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

Adoption of Amendment(s) **(CHECK ONE)**

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

☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Susan Conerly
(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.)

Susan Conerly
(Typed or printed name of person signing)

Secretary
(Title of person signing)

FILING FEE: $35