147221

(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:				

Office Use Only



400316978384

08/16/18--01015--020 **35.00

FILED
SECRETARIST STATE

Hnund

AUG 1 7 2010 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

Port St. Lucie Bar As NAME OF CORPORATION:	sociation
N47221	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
Heather Smith	
	(Name of Contact Person)
Port St. Lucie Bar Association	
	(Firm/ Company)
130 S. Indian River Drive Suite 202	
	(Address)
Fort Pierce FL 34950	
	(City/ State and Zip Code)
heather@heathersmith.law	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
Heather Smith	772 210-4462
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address Amendment Section

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

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

Articles of Amendment Articles of Incorporation of

	Articles of An to rticles of Inco of		ACCENT.	NIC S MO.
Port St. Lucie Bar Association, Inc.				"_ 1s
(Name of Corporation as c	urrently filed	with the Florida I	Dept. of State)	10.
N47221				今点 ク
(Document	Number of Co	rporation (if known	n)	
Pursuant to the provisions of section 617,1006, Florida samendment(s) to its Articles of Incorporation:	Statutes, this I	Torida Not For Pro	ofit Corporation adopts the following	5
A. If amending name, enter the new name of the cor	poration:			
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	prporation" or	"incorporated" or	The new the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:	130 S	Indian River Drive		
(Principal office address MUST BE A STREET ADDR				
	Fort P	ierce, FL 34950		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Indian River Drive		- -
	Suite :	202		
	Fort I	Pierce, FL 34950		
D. If amending the registered agent and/or registere new registered agent and/or the new registered or			er the name of the	
Name of New Registered Agent:	unchan	ged		_
130	S. Indian Riv	er Drive Suite 202		
Nam Paris - 1046 - 111		(Florida :	street address)	
<u>New Registered Office Address</u> : For	Fort Pierce		34950	
			Florida (Zip Code)	-
	(City	,	(zip coae)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		ith and accept the o	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: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
X 1) Change	T	Heather L. Smith	130 S. Indian River Drive		
Add			Suite 202		
Remove			Fort Pierce, FL 34950		
2) Change					
Add			<u></u>		
Remove					
3) Change		-			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add	 				
Remove					

E. If amending or ado (attach additional sh	heets, if necessary,). (Be specific)				
						
.			·			·····
					· · ·	
				- · · · · · · ·		
		<u> </u>	<u> </u>	······································	 	• •
						
						
					····	
		 				
						
	··			· <u> </u>	· · · · · · · · · · · · · · · ·	
		<u> </u>				
······						
		, · · · · · · · · · · · · · · · · · · ·				
		-				
					· · · · · ·	

The	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not sument's effective date on the Department of State's records.	be listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 August 14, 2018	
	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)	
	Heather L. Smith	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	