N47704

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SECRETARY OF STATE

09 MAY -4 AH 10: 45

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Central Florida Chapter of the Association For Death Education and Counseling
DOCUMENT NUMBER:	N47704
	nent and fee are submitted for filing.
Please return all correspondence c	concerning this matter to the following:
Denise Anders	on - President
	(Name of Contact Person)
Collaborative	for End of Life and Grief Education (Firm/ Company)
127 W. Fairban	ks Ave. #339 (Address)
Winter Park, F	L. 32789 (City/ State and Zip Code)
For further information concerning	. ,
Denise Anderson (Name of Contact Person	
Enclosed is a check for the follow	ing amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate	
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

Central Florida Chapter of the				, Inc.
(Name of Corporation as cur)	rently filed with th	<u>ie Florida Dept. of Sta</u>	<u>ite</u>)	
N47704				
(Document Nu	mber of Corporation	on (if known)		
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		this <i>Florida Not For P</i>	rofit Corporation adopts	
A. If amending name, enter the new name	of the corporation	<u>:</u>		
Collaborative for End of Life	and Grief Ed	ucation, Inc.		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word	"corporation" or "ince	orporated" or the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		127 W. Fairba	nks Ave. #339	
		Winter Park,	FL. 32789	
·				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 127 W. Fairbanks Ave. #339				
	-	Winter Park, F	L 32789	
D. If amending the registered agent and/or new registered agent and/or the new reg			ter the name of the	il il
Name of New Parintened Aparts				- Parametrical Company of the Compan
Name of New Registered Agent:		rbanks Ave. #339	4110:4	3 () 3 () 3 ()
New Registered Office Address:	(Florida street address)			in a second
	Winter Par	k (City)	, Florida_ <u>:3278</u> 9 (Zip Code)	
		i.	(Lip Coue)	
New Registered Agent's Signature, if change I hereby accept the appointment as registered position.			pt the obligations of the	
_	Signature of New i	Registered Agent, if cha	nging	

· 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) Title Title <u>Name</u> Address Type of Action ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

- The date of each amendment	(s) adoption: Name Change - 04/06/09
	Address Change - 04/20/09
Effective date <u>if applicable</u> :	Immediately
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
,	
DatedA	pril 27, 2009
Signature _	Denie arduso
	the chairman or vice chairman of the board, president or other officer-if directors
	e not been selected, by an incorporator - if in the hands of a receiver, trustee, or
oth	er court appointed fiduciary by that fiduciary)
	Denise Anderson
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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