

N 49557

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

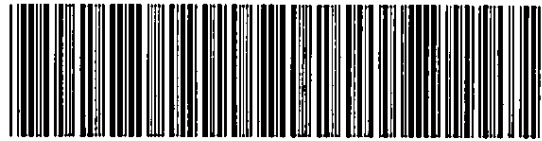
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JUN 26 AM 9:53

2020 JUN 26 AM 9:53

JUN 29 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2020

STEPHEN M KESSINGER
3417 SW 2ND AVENUE
CAPE CORAL, FL 33914

SUBJECT: FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS
RESEARCH AND EDUCATION FOUNDATION, INC.
Ref. Number: N49557

We have received your document for FLORIDA SOCIETY OF HEALTH-SYSTEM PHARMACISTS RESEARCH AND EDUCATION FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 820A00012016

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Society of Health System Pharmacists Research & Education Foundation, Inc

DOCUMENT NUMBER: N49557

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

Please return all correspondence concerning this matter to the following:

Stephen M Kessinger

(Name of Contact Person)

(Firm/ Company)

3417 SW 2nd Ave

(Address)

Cape Coral, FL 33914

(City/ State and Zip Code)

steve.kessinger@lechealth.org

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

For further information concerning this matter, please call:

Stephen Kessinger

(239)

424-2296

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:

☒ \$25 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)

*PREVIOUSLY PAID
CHECK 2058*

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

Florida Society of Health System Pharmacists Research & Education Foundation, Inc

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

N49557

(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:

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)

3375 Capital Circle NE, Suite E4

Tallahassee, FL 32308

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (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

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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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> 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 <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

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

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

ARTICLE II. OFFICERS

The officers of the Foundation shall be the Chair, Treasurer and Secretary. The method of appointment, duties, and terms of service of the officers shall be stated in the By-laws of the Foundation

ARTICLE III. BOARD OF DIRECTORS

There shall be a Board of Directors of at least nine (9) persons consisting of the three (3) officers listed in Article II, the FSHP President and President-Elect, and four other board members appointed by the FSHP Board of Directors.

Up to four (4) additional Directors may be appointed by the FSHP Board of Directors

ARTICLE VIII. AFFILIATIONS

The Foundation shall be affiliated with the Florida Society of Health System Pharmacists, Inc (FSHP) and shall report the fiscal status and project status to that Society at the Annual Meeting and appropriate FSHP Board of Directors meetings.

The date of each amendment(s) adoption: May 29, 2020, if other than the date this document was signed.

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

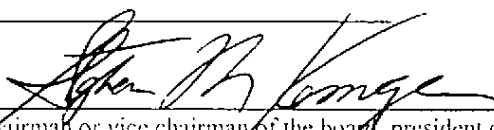
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (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.

- ☒ 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 23, 2020

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)

Stephen M. Kessinger

(Typed or printed name of person signing)

Treasurer

(Title of person signing)