

200320748492

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11/14/18--01018--002 **35.00

S. TALLENT
DEC 03 2018

FILED
NOV 29 11:12 AM
2018

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2018

TARA MOSER
FAPT
3723 DEL PRADO BLVD SOUTH
CAPE CORAL, FL 33904

SUBJECT: FLORIDA ASSOCIATION FOR PLAY THERAPY, INC.
Ref. Number: N94000002241

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 518A00023700

RECEIVED

2018 NOV 29 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FL

Division of Corporations

NAME OF CORPORATION: Florida Association For Play Therapy

DOCUMENT NUMBER: N194000002241

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

Please return all correspondence concerning this matter to the following:

Tara Moser
(Name of Contact Person)

Florida Association for Play Therapy
(Firm/ Company)

3723 Del Prado Blvd S
(Address)

Cape Coral, FL 33904
(City/ State and Zip Code)

President @ FloridaPlayTherapy.org
E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Tara Moser
(Name of Contact Person)

at 239 994 3714
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Florida Association For Play Therapy, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

1094000002241

(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**)

3723 Del Prado Blvd S
Cape Coral, FL 33904

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

3723 Del Prado Blvd S
Cape Coral, FL 33904

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:

Tara Moser

3723 Del Prado Blvd S

(Florida street address)

New Registered Office Address:

Cape Coral

(City)

Florida 33904

(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.

Tara Moser

Signature of New Registered Agent, if changing

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18 NOV 29 PM 12:00
CLERK OF CIRCUIT COURT
IN AND FOR THE STATE OF FLORIDA
MIAMI COUNTY

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Tara Moser</u>	<u>3723 Del Prado Blvd.</u> <u>Cape Coral, FL 33904</u>
2) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Aimee Jennings</u>	<u>108 Robin Rd</u> <u>Suite 2006</u> <u>Altamonte Springs, FL 32717</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Meyleen Velasquez</u>	<u>2450 Hollywood Blvd.</u> <u>301-A</u> <u>Hollywood, FL 33020</u>
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)

The date of each amendment(s) adoption: 10/31/18, if other than the date this document was signed.

Effective date if applicable: 10/31/18
(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 11/27/18

Signature Tara Moser
(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)

Tara Moser
(Typed or printed name of person signing)

President
(Title of person signing)