

N97 00 000 2765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

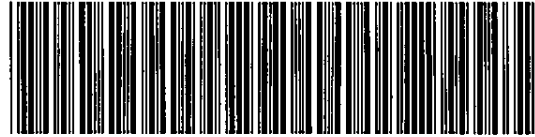
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AR
2/2/14

Office Use Only



200261783662

07/07/14--01014--014 **43.75

FILED
JUL 23 AM 8:58
14

Amend.
07-24-14
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2014

REINA LOMBARDI
FLORIDA ART THERAPY ASSOC.
12941 CHERRYDALE COURT
FORT MYERS, FL 33919

SUBJECT: FLORIDA ART THERAPY ASSOCIATION, INC.
Ref. Number: N97000002765

We have received your document for FLORIDA ART THERAPY ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

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

Cathy A Carrothers
Regulatory Specialist

Letter Number: 014A00015725



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2014

REINA LOMBARDI
FLORIDA ART THERAPY ASSOCIATION, INC.
12941 CHERRYDALE COURT
FT. MYERS, FL 33919

SUBJECT: FLORIDA ART THERAPY ASSOCIATION, INC.
Ref. Number: N97000002765

RECEIVED
14 JUL 23 PM 1:35
DIVISION OF CORPORATIONS
STATE OF FLORIDA

We have received your document for FLORIDA ART THERAPY ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

The date of adoption of each amendment must be included in the document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Darlene Connell
Regulatory Specialist II

Letter Number: 614A00014719

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Art Therapy Association

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Reina Lombardi

(Name of Contact Person)

Florida Art Therapy Association

(Firm/ Company)

12941 Cherrydale Court

(Address)

Fort Myers, FL 33919

(City/ State and Zip Code)

reina.lombardi@gmail.com

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

For further information concerning this matter, please call:

Reina Lombardi

781

526-6154

(Name of Contact Person)

at (_____) _____
(Area Code & Daytime Telephone Number)

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

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" 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 Change Document.pdf

1 of 1

FILED
14 JUL 23 AM 8:58
CLERK OF COURT
CLERK OF COURT

Articles of Amendment
to
Articles of Incorporation
of

Florida Art Therapy Association, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "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)

12941 Cherrystone Court
Fort Myers, FL 33919

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

12941 Cherrystone Court
Fort Myers, FL 33919

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: Reina Lombardi (Treasurer)

12941 Cherrystone Court Ft Myers FL 33919
(Florida street address)

New Registered Office Address:

Fort Myers, Florida 33919
(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.

Reina Lombardi
Signature of New Registered Agent, if changing

It 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	<u>P</u>	<u>Andrea</u> <u>(Annie) Hoffman</u>	<u>2650 SW 33 Avenue</u> <u>Miami, FL 33133</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>Reina Lombardi</u>	<u>12941 Cherrydale Court</u> <u>Fort Myers, FL 33919</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>Leah Guzman</u>	<u>9845 SW 123 Terrace</u> <u>Miami, FL 33176</u>
<input type="checkbox"/> Add			
<input checked="" 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)

[illegible]

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

Effective date if applicable: July 1st, 2014
(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(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 7/18/2014
Signature [Signature] ATR-BC, LMHC
(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)

Andrea Hoffman
(Typed or printed name of person signing)
President of Florida Art Therapy Association,
(Title of person signing) INC.

7/21/2014

Dear Darlene Connell,

I was told by Leah Guzman, who spoke with you regarding this process that the check was received and being processed by the state. Please let me know if anything else is needed to complete these amendments.

Sincerely,

Reina Lombardi

781 526-6154

reina.lombardi@gmail.com