

N97000004681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

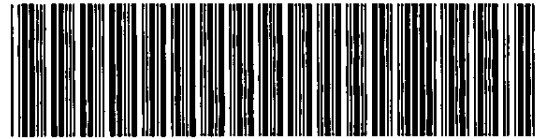
(Business Entity Name)

(Document Number)

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11/15/16--01010--020 **35.00

FILED

2016 NOV 15 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/18/16

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

~~September 12, 2016~~

11/6/2016 *act*

RE: N97000004681

Amendment Section:

Attached please find check for \$35.00 and an amendment to remove 4 directors (see attached).

If you have any questions please do not hesitate to contact me.

Sincerely,



Debbe A. Hagner, Treasurer

Cc: Cynthia Moynihan, President
Linda Tossoonian, Secretary
Tanya Williams, Vice President
Attachments

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEARING LOSS ASSOCIATION OF FLORIDA, INC

DOCUMENT NUMBER: N97000004681

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

Please return all correspondence concerning this matter to the following:

Debbe A. Hagner

(Name of Contact Person)

HEARING LOSS ASSOCIATION OF FLORIDA, INC

(Firm/ Company)

9605 RIVER COVE DRIVE

(Address)

RIVERVIEW, FL 33578

(City/ State and Zip Code)

hearinglossadvocate@gmail.com

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

For further information concerning this matter, please call:

Debbe HAGNER

(Name of Contact Person)

at 727 233-8663

(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

HEARING LOSS ASSOCIATION OF FLORIDA, INC.

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

N97000004681

(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**)*

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:

(Florida street address)

New Registered Office 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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2016 NOV 15 PM 12:00
SECRETARY OF STATE
OF FLORIDA

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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------|-----------------------|---|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>D</u> | <u>ELAINE GODDARD</u> | <u>1513 VISTA DEL LAGO BLVD</u>
<u>DUNDEE, FL 33838</u> |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>D</u> | <u>JANEANE RICE</u> | <u>1409 SEDGWICK DR</u>
<u>WESLEY CHAPEL FL 33543</u> |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>D</u> | <u>DENNY DINGLER</u> | <u>211 SOUTH APOPKA AVE</u>
<u>INVERNESS, FL 34452</u> |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>D</u> | <u>DAN GARDNER</u> | <u>700 SE 5TH TERRACE #11</u>
<u>CRYSTAL RIVER FL 34429</u> |
| 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 | | | |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: ~~11/10~~ 11/6/2016 *DAH*, 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

11/6/2016

Signature

Debbie A. Hagner
(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)

Debbie A. Hagner
(Typed or printed name of person signing)

Treasurer

(Title of person signing)