N9700000 6868

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2019 JAN 28 PM 6: 36

C. GOLDEN FEB - 4 2019

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: NATIONAL EMPLO	DYMENT LAWYERS ASSOCIATION (FLORIDA CHAPTER), INC.
N97000006868 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
James C. Poindexter	
	(Name of Contact Person)
Delegal Law Offices, P.A.	
	(Firm/ Company)
424 East Monroe Street	
	(Address)
Jacksonville, FL 32202	
	(City/ State and Zip Code)
james@delegal.net	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
James C. Poindexter	904 633-5000 at
(Name of Contact Person	
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

NATIONAL EMPLOYMENT LAWYERS ASSOCIATION (FLORIDA CHAPTER), INC.

2019 JAN 28 PM 6: 36

	as curren	tly filed with the Florida Dept. o	of State)	
N97000006868				TALLAHASSEE, FL
(Docum	ient Numb	er of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	ida Statute	s, this <i>Florida Not For Profit Co</i>	rporation a	adopts the following
A. If amending name, enter the new name of the	corporati	on:		
				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated" or the al	phreviation	"Corp." or "Inc "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		1228 E 7th Ave. #200		
		Tampa, FL 33605		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1228 E 7th Ave. #200		
		Tampa, F1, 33605		
D. If amending the registered agent and/or registered agent and/or the new registered.			n <u>ame of th</u>	<u>e</u>
1:		Poindexter		
Name of New Registered Agent:	424 East Monroe Street			
New Registered Office Address:			uddress)	
ner regarden zuer zueren.	Jacksony	ille	126 - 21.4	32202
	-	(City)	Florid (Zip	a <u> </u>
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	u. I am fa	Agent: miliar with and accept the obliga MWS Comments ignature of New Registered Agen	>	
	-(-)	sgianare of their neganered rigen	o y caraga	

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.

r:xample: _X_Change _X_Remove _X_Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S. T	Duffie, Allison B	250 South Central Blvd.
Add			Suite 104-A
x Remove			Jupiter, FL 33458
2) Change	Р	Palma, Zandro	9100 S. Dadeland Blvd.
Add			Suite 1500
x Remove			Miami, Fl. 33156
3) Change	VP	Helwig, Peter	6700 S. Florida Avenue
Add			31
x Remove			Lakeland, FL 33813
4) X Change	b	Kelly, Charlotte F	1228 E 7th Ave.
Add			200
Remove			Tampa, F1., 33602
51 Change	<u>VP</u>	Tiffany Cruz	403 E. Park Avenue
x Add			Tallahassee, FL, 32301
Remove			
6) Change	S. T	James C. Poindexter	424 East Monroe Street
x Add			Jacksonville, FL 32202
Remove			

attach additional sheets, if necessary).	(Be specific)			
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The date of each amendmen date this document was signed	September 18, 2018	if other than the
Effective date if applicable:	September 18, 2018	ii ouler than the
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	rere adopted by the members and the number of votes cast for the amendment(s)	
There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irrectors.	
other co	chairman or vice chairman of the board, president or other officer-if directors on been selected, by an incorporator – if in the hands of a receiver, trustee, or purt appointed fiduciary by that fiduciary)	_
		
	(Typed or printed name of person signing)	
Presi	ident	
	(Title of person signing)	