

P97000087020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

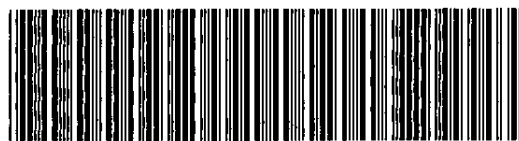
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C.COULLIETTE

NOV 01 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CENTER FOR FINANCIAL MANAGEMENT INC

DOCUMENT NUMBER: P 97000087020

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

Please return all correspondence concerning this matter to the following:

LIN HOISINGTON

Name of Contact Person

CFM

Firm/ Company

831 W MORSE BLVD

Address

WINTER PARK FL 32789

City/ State and Zip Code

linh@cfmgt.net

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

For further information concerning this matter, please call: 407-599-5954

LIN HOISINGTON

Name of Contact Person

at (407) 599 0057 x211

Area Code & Daytime Telephone Number

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

☒ \$35 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)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

27
October 18, 2011

LIN HO SINGTON
CFM
831 W. MORSE BLVD
WINTER PARK, FL 32789

SUBJECT: CENTER FOR FINANCIAL MANAGEMENT, INC.
Ref. Number: P97000087020

We have received your document for CENTER FOR FINANCIAL MANAGEMENT, INC. 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 current name of the entity is as referenced above. Please correct your document accordingly.

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

You cannot have the "notary" as a signer, please remove.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 911A00023805

** Wait on last page with
correct signer*

RECEIVED
11 OCT 27 AM 9:26
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2011

LIN HO SINGTON
CFM
831 W. MORSE BLVD
WINTER PARK, FL 32789

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Cheryl Coulliette
Regulatory Specialist II

Letter Number: 911A00023805

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11 NOV 11 AM 10:37
TALLAHASSEE, FLORIDA
Cheryl
this works.
Lyn

RECEIVED
11 OCT 27 AM 9:26
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

CENTER FOR FINANCIAL MANAGEMENT, INC.

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

997000087020

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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:

New Registered Office Address:

(Florida street address)

(City)

Florida
(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 this position.

Signature of New Registered Agent, if changing

FILED
11 NOV - 1 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.
 (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>Φ</u>	<u>BENTON AUBOURNE TRUST</u>	<u>831 W MORSE BLVD</u> <u>WINTER PARK FL 32789</u>
2) <u>DST</u>	<u>CRAIG DERINGTON</u>	<u>1692 PINE BAY DR</u> <u>LAKE MARY, FL 32746</u>
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>DPST</u>	<u>GEORGE JANAS</u>	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

The date of each amendment(s) adoption: 10/1/11

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

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/1/11

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CRAIG DERINGTON

(Typed or printed name of person signing)

DPST

(Title of person signing)