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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 15 PM 4:01

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Amber
8/15/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Brevard Youth Transitional Center Inc.

DOCUMENT NUMBER: N11000001417

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

Please return all correspondence concerning this matter to the following:

Georgina Olsen
(Name of Contact Person)

Brevard Youth Transitional Center Inc.
(Firm/ Company)

680 Iroquois Street
(Address)

Merritt Island, FL 32952
(City/ State and Zip Code)

brevardyouthtransitionalcenter@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgina Olsen at (321) 368-5747
(Name of Contact Person) (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

Brevard Youth Transitional Center Inc.

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

N11000001417

(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)

P.O. Box 1178

Cocoa, FL 32922

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:

680 Inoquois Street
(Florida Street address)
Merritt Island, Florida 32952
(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

14 AUG 15 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AUG 15 2014

The date of each amendment(s) adoption: June 30, 2011

(date of adoption is required)

Effective date if applicable: July 1, 2011

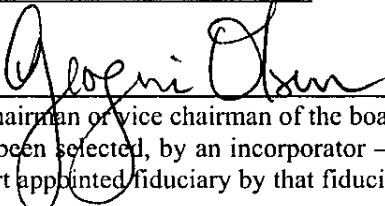
(no more than 90 days after amendment file date)

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 July 1, 2011

Signature 

(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)

Georgina Olsen

(Typed or printed name of person signing)

Vice President

(Title of person signing)