N93000001053

| (Requestor's Name) | | | |
|---|---|--|--|
| (Address) | | | |
| (Address) | _ | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | _ | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



000180005620

05/17/10--01061--022 **35.00

6-12-2010

2010 MAY 17 PH 12: 13

NC

TR

MAY 1 8 2010

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: Children's Ser | vices Foundation of Hig | ghlands County, Inc |
|-------------------------|---|---|---|
| DOCUMENT NUM | BER: N9300001053 | | |
| The enclosed Articles | s of Amendment and fee are sub | mitted for filing. | |
| Please return all corre | espondence concerning this matt | ter to the following: | |
| | | ommer, Attorney at Law | |
| | (Name of | Contact Person) | |
| | Nicholas G. Schomi | mer, P.A., Attorney at Law | |
| | (Firm | / Company) | |
| | 329 South C | commerce Avenue | |
| | (A | Address) | |
| | Sebrin | g, FL 33870 | |
| | (City/ Stat | te and Zip Code) | |
| | ngspa@e E-mail address: (to be use | mbarqmail.com d for future annual report notific | ation) |
| <i>n</i> | on concerning this matter, please | e call: | |
| Micholas G. Scho | √o∽ mmer | at (863) 385-513 | 39 |
| | of Contact Person) | / | me Telephone Number) |
| Enclosed is a check f | or the following amount made p | ayable to the Florida Departmen | t 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) |
| Ame Divis P.O. | ing Address Indment Section It ion of Corporations Box 6327 It hassee, FL 32314 | Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230 | er Circle |

Articles of Amendment Articles of Incorporation of

All MAY 17 PM 12 13 Children's Services Foundation of Highlands County, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N93000001053

(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 In A. If amending name, enter the new name of | | EFFECTIV |
|---|--|--------------------------|
| | oundation of Highlands County, Inc | - 10-13 |
| The new name must be distinguishable and cabbreviation "Corp." or "Inc." <u>"Company" o</u> | contain the word "corporation" or "inco | |
| B. Enter new principal office address, if app | plicable: | |
| (Principal office address <u>MUST BE A STREE</u> | ET ADDRESS) | |
| | | _ |
| | | |
| C. Enter new mailing address, if applicable | | |
| (Mailing address MAY BE A POST OFF) | ICE BOX | |
| | | |
| | | |
| D. If amending the registered agent and/or | registered office address in Florida, ente | er the name of the |
| new registered agent and/or the new reg | istered office address: | |
| Name of New Registered Agent: | | _ |
| | | |
| New Registered Office Address: | (Florida street address) | _ |
| | | _, Florida (Zip Code) |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if chang I hereby accept the appointment as registere position. | ing Registered Agent: ed agent. I am familiar with and accep | t the obligations of the |
| • | | |
| | Signature of New Registered Agent, if char | nging |

'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) <u>Title</u> <u>Name</u> Address **Type of Action** ☐ Add ____ Remove _____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

| The date of each amendment(s) adoption | on: 04/21/2010 |
|---|---|
| Effective date if applicable: | (date of adoption is required) 06/12/2010 |
| | no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were adopted was/were sufficient for approval. | by the members and the number of votes cast for the amendment(s) |
| There are no members or members en adopted by the board of directors. | ntitled to vote on the amendment(s). The amendment(s) was/were |
| have not been | nan or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary) |
| | Nancy Hensley |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |
| | Javan J. Ordeta |
| | Kevin J. Roberts |
| (| Typed or printed name of person signing) |
| | Chief Executive Officer |
| | (Title of person signing) |