

P08000000315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

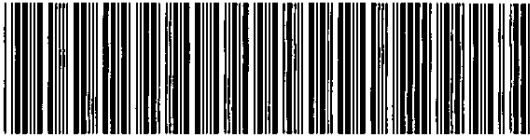
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600116299406

02/04/08--01033--019 **35.00

FILED
2008 JUN -3 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend AC
Tlewis
6-3-08*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: STEVEN HANS SCHOOL FOR AUTISM, INC.

DOCUMENT NUMBER: P08000000315

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

Please return all correspondence concerning this matter to the following:

SHIRLEY GIL
(Name of Contact Person)

(Firm/ Company)

4909 NW 92ND AVENUE
(Address)

SUNRISE FLORIDA
(City/ State and Zip Code)

For further information concerning this matter, please call:

SHIRLEY GIL at (954) 394 5245
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <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

STEPSS Academy of Davie, Inc
Formally known as Steven Hand School for Autism, Inc
4188 S. University Drive
Davie, Florida 33328
Mrs. Shirley Gil
(954) 394 5245

Thelma Lewis
Division of Corporations
PO Box 6327
Tallahassee FL 32314

April 21st 2008


Dear Mrs. Lewis,


Thank you so much for your help. I enjoyed speaking with you on Monday, April 21st via telephone.

Enclosed are the articles of amendment for the above corporation including the changes you requested showing the acceptance by the new registered agent, Shirley Gil. As you know, this was omitted from the original filing back in January. I was hoping there were no additional filing fees beyond the additional \$35 fee paid back when our original articles of amendment was filed. If there are any additional questions please contact me by email at kappeljt@yahoo.com.

Your time and effort in this matter is much appreciated.

Sincerely,



Shirley Gil, Registered Agent
- 

4/21/08
Date
5/21/08

RECEIVED
2008 JUN -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2008

SHIRLEY GIL
4909 N.W. 92ND AVENUE
SUNRISE, FL 33321

SUBJECT: STEVEN HAND SCHOOL FOR AUTISM, INC.
Ref. Number: P08000000315

We have received your document for STEVEN HAND SCHOOL FOR AUTISM, 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 registered agent must sign accepting the designation.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 108A00008141

of

STEVEN HANS SCHOOL FOR AUTISM INC.

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

P08000000315

(Document number of corporation (if known))

2008 JUN -3 PM 4:27
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

STEPSS ACADEMY OF DAVIE, INC

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE II - The principal place of business address
will be changed to: 4188 SOUTH UNIVERSITY DR
DAVIE FL 33328

ARTICLE V - The name and Florida street address of the
registered agent is changed to: Shirley Gil
4909 NW 92ND AVENUE SUNRISE FL 33321

I AM FAMILIAR WITH THE OBLIGATIONS OF THIS POSITION
SHIRLEY GIL *[Signature]*

SHIRLEY GIL WILL NOW BE PRESIDENT & A DIRECTOR.

ADDRESS: 4909 NW 92 AVE (Attach additional pages if necessary)
SUNRISE FL 33321

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

Effective date if applicable: April 21, 2008
(no more than 90 days after amendment file date)

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

- The amendment(s) was/were approved 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.

Signature *Benedicto N. Padron*
(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)

BENEDICTO N. PADRON
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

I AM FAMILIAR WITH ALL THE CHANGES ABOVE AND
ACCEPT THE POSITION AS REGISTERED AGENT.

FILING FEE: \$35

Shirley Gil
SHIRLEY GIL AS
REGISTERED AGENT