## N0700000368

(Pa	equestor's Name)	
(Re	equestors Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	≘ #)
_		_
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
,	_	
·		
Special Instructions to	Filing Officer:	

Office Use Only



900308932849

02/12/18--01030--013 \*\*35.00



FEB 1 3 2018 T. LEMIEUX



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Coastal Mental Health	Center Inc		
N0  DOCUMENT NUMBER:	7000010308			
The enclosed Articles of Amend	Iment and fee are submi	tted for filing.		
Please return all correspondence	e concerning this matter	to the following:		
Timothy Scaletta				
	(?	Name of Contact Pc	rson)	
Coastal Mental Health Center I	nc			
		(Firm/ Company	)	
526 W Lake Mary Blvd				
<del></del>		(Address)		
Sanford, FL 32773				
	((	City/ State and Zip (	Code)	
timothyscaletta@coastalmhc.co	vin			
E-m	ail address: (to be used for	or future annual rep	ort notification	
For further information concern	ing this matter, please ca	ill:		
Timothy Scaletta		at	407	712-4332
(N	ime of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the follo	owing amount made paya	able to the Florida D	Department of	State:
■ \$35 Filing Fee □	3\$43.75 Filing Fee & □ Certificate of Status	S43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status ied Copy is issed)

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

Coastal Mental Health Center Inc			
(Name of Corporation	as currently filed with the Flo	rida Dept. of State)	
N0700010308			
(Docur	ment Number of Corporation (if I	(nown)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following	
A. If amending name, enter the new name of the	e corporation:		
		The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	· ·	d" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applica			
(Principal office address <u>MUST BE A STREET A</u>	<u>IDDRESS</u> )		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<i>BOX</i> )		
	-		
D. If amending the registered agent and/or reginew registered agent and/or the new register		, enter the name of the	
	Timothy Scaletta		
Name of New Registered Agent:			
	526 W Lake Mary Blvd		
New Registered Office Address:	· ·	Florida street address)	
	Sanford	. Florida 32773	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registered agen		t the obligations of the position.	
	A13	•.	
-	of the		
	Signatule of New Regi.	stered Agent, if changing	

Page 1 of 4

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.

Example: X Change X Remove X Add	V Mike	Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	C	Scaletta, Michael E	6250 Hedge Sparrow Lane
Add			Sanford, FL 32771
x Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

WALL CONTRACTOR OF THE CONTRAC		
<del> </del>		
	<del></del> : <del></del> :	

	6. 5 h 6 h	
	date of each amendment(s) adoption:, if this document was signed.	other than the
Effe	ctive date if applicable:	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.	ted as the
Add	ption of Amendment(s) ( <u>CHECK ONE</u> )	
Ø	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 2-5-18	
	Signature	
	(By the chairman of 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)	
	Time the Scale H9 (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	CFO	
	(Title of person signing)	