Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN SUICIDE PREVENTION TRAINING CENTER INC.

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2019-09-20 08:19:12 PDT

To: Page 3 of 8
Division of Corporations

LegalZoom.com, Inc. From: Sarah Aceve

Page 2 of 2

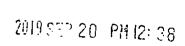
TO: Amendment Section

Division of Corporations

COVER LETTER

NAME OF CORPORATION:	ITION TRAINING CEN	TER INC
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Chey	enne Moseley	
	(Name of Contact Person	1)
_ Legalz	coom.com, Inc.	
	(Firm/ Company)	
101 N. Bra	nd Blvd., 11th Floor	
	(Address)	
Glend	ale, CA 91203	
	(City/ State and Zip Code	e)
tcp.hd@hotmail.com		
E-mail address: (to be used	for future annual report i	notification)
For further information concerning this matter, please	call:	
Cheyenne Moseley	800 at (773-0888 ext. 9724
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle usee, FL 32301

Articles of Amendment to Articles of Incorporation of



SUICIDE PREVENTION TRAINING CEN	TER INC.		
(Name of Corporation as currently file	ed with the Florida Dept. of	State)	
N19000008867			
(Досител	t Number of Corporation (if I	known)	
Pursuant to the provisions of section 617,1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this <i>Florida</i>	a Not For Profit Corporation adopts the fo	ollowing
A. If amending name, enter the new name o	f the corporation:		
Suicide Prevention Training Institute, INC			The new
name must be distinguishable and contain the v "Company" or "Co," may not be used in the v B. Enter new principal office address, if app	name. olicable:	orporated" or the abbreviation "Corp." or	"Inc."
(Principal office address MUST BE A STREE	ET ADDRESS)		
			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
(Manual address MAT DE AT OUT OF E)	<u> </u>		
			
D. If amending the registered agent and/or new registered agent and/or the new reg		Florida, enter the name of the	
Name of New Registered Agent:			
	(Florida street a	(drese)	
New Registered Office Address:			
	10°- 1	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if change	ng Registered Agent:	durant dan aktionitan af dan 197	
I hereby accept the appointment as registered t	agem. I am jamiliar with an	a accept the ortigations of the position.	
	moture of New Registered Au	and of all consists.	
No.	CONTRACTO OF INCHES REPORTINGED AND	vni u chanomo	

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 = Treusurer; 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.

tixample: XChange XRemove XAdd	<u>v</u> <u>r</u>	ohn Doe Mike Jones Belly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				· · · · · · · · · · · · · · · · · · ·
Kemove				
3) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:				
((attach additional sheets, if necessary).	(Be specific)		
		 		

	e date of each amendment(s) adoption:	9/06/2019	_, if other than the
Effe	ective date <u>if applicable</u> :	nore than 90 days after omendment file date)	
Ado	option of Amendment(s) (CH	IECK ONE)	
	The amendment(s) was/were adopted by th was/were sufficient for approval.	e members and the number of votes cast for the amendment(s)	
	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 11 Sept. Signature DR. Och	rich W. Cother	
	(By the chairman or vice have not been selected,	chairman of the board, president or other officer-if directors by an incorporator - if in the hands of a receiver, trustee, or iduciary by that fiduciary)	-
	Derrick W. Copper		
	(Typed or p	printed name of person signing)	•
	President		

(Title of person signing)