

705008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

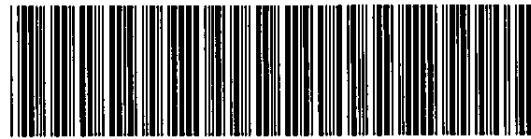
(Document Number)

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04/13/10--01010--005 \*\*52.50

RECEIVED  
10 APR 13 AM 11:17  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
10 APR 13 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend + N.C.*  
C.COULLIETTE

APR 13 2010

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Association for Retarded Citizens of Florida, Inc.

**DOCUMENT NUMBER:** 705008

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

Please return all correspondence concerning this matter to the following:

John Powell Finch Jr  
(Name of Contact Person)

The Arc of Florida  
(Firm/ Company)

2898 Mahan Drive, Suite 1  
(Address)

Tallahassee, Florida 32308  
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

John Powell Finch Jr at ( 850 ) 921-0460  
(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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2010

JOHN POWELL FINCH JR

TALLAHASSEE, FL

SUBJECT: ASSOCIATION FOR RETARDED CITIZENS OF FLORIDA, INC.  
Ref. Number: 705008

We have received your document for ASSOCIATION FOR RETARDED CITIZENS OF FLORIDA, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The designation of the registered agent must be at a Florida street address.

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) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 710A00009000

Articles of Amendment  
to  
Articles of Incorporation  
of

Association for Retarded Citizens of Florida, Inc.

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

705008

(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 Arc of Florida, Inc.

*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)

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:

Deborah J. Linton

New Registered Office Address:

2898 Mahan Dr. Ste 1

(Florida street address)

Tallahassee

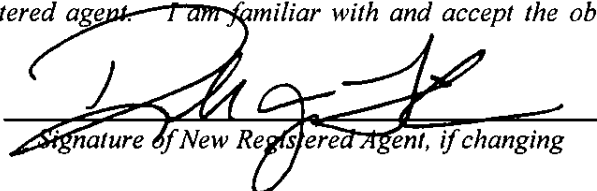
(City)

Florida 32308

(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

Under RESTATED and AMENDED ARTICLES OF INCOPORATION Strike: "March 24, 2005" and replace with "March, 22nd 2010"

Article 1 Section 1 strike: "remain ASSOCIATION FOR RETARDED CITIZNES OF FLORIDA, INC," and replace with be "The Arc of Florida Inc." Strike: ", also doing business as "arc/florida." "

Section 3: Strike: "John Hall" Replace with: "Deborah J. Linton"

Article 2 Section 3b: Strike: "mental retardation/" and "disabilities" after intellectual

3c: Strike: "mental retardation/" and "disabilities" after intellectual

The date of each amendment(s) adoption: March 22nd, 2010  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(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 \_\_\_\_\_

Signature Michele Poole  
(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)

Michele Poole  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)