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COVER LETTER

TO: Amendment Section . Division of Corporations				
Bridgeway Center, Inc.				
710848FEI/EIN Number 59-12 DOCUMENT NUMBER:	78085			
The enclosed Articles of Amendment and fee are submitted	for filing.			
Please return all correspondence concerning this matter to the	e following:			
Bonnie R. Barlow				
(Nam	e of Contact Person)			
Bridgeway Center. Inc.				
()	Firm/ Company)			
205 Shell Avenue. SE Building A				
	(Address)			
Ft. Walton Beach, FL 32548				
(City/	State and Zip Code)			
Bonnie.Barlow@bridgeway.org				
E-mail address: (to be used for fi	iture annual report notification)			
For further information concerning this matter, please call:				
Bonnie Barlow	850 833-7500			
(Name of Contact Person)	at(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made payable	to the Florida Department of State:			
(Ad	8.75 Filing Fee &\$52.50 Filing Feetified CopyCertificate of StatusIditional copy isCertified Copyclosed)(Additional Copy is Enclosed)			
<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	<u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

2022 DEC -5 AM 7:5 Bridgeway Center, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 710848 (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: NA 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 uddress 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: (Florida street address) New Registered Office Address: _, Florida _ (Zip Code) (Cin)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> 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

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>John I</u> <u>V</u> <u>Mike</u> <u>SV</u> Sally S	lones	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add			
Remove			
2) Change Add			
3) Remove 3) Change Add Remove			
4) Change Add	<u></u>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

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

Articles II. Purposes (as amended September 9, 2022)

The general nature of the focus and purposes of this corporation shall be to provide behavioral healthcare services.

to foster low income housing and work to end homelessness, to provide primary health care services

to low income persons and families, to provide such other health related services as appropriately performed by a 501(c)(3)

corporation, and to engage in any and all lawful business for which corporations may be incorporated in the State of Florida.

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The date of each amendment(date this document was signed.	(s) adoption:	September	9, 2022		<u>.</u>	 .	 , if other that
Effective date <u>if applicable</u> :	September 9.					<u> </u>	 . .
	the more than 90 days after amendment file date:						

the

Adoption of Amendment(s) (C

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(<u>CHECK ONE</u>)

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.

September 9, 2022

Dated

Mutti ED.D

Signature (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)

David Schjott, Ed.

(Typed or printed name of person signing)

BCI Board of Trustee, Chair.

(Title of person signing)