

721412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

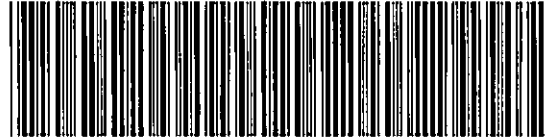
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/24/18--01006--005 **35.00

FILED
18 DEC -3 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 04 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2018

LEASHIA SCRIVNER
CDAC BEHAVIORAL HEALTHCARE, INC
3804 N 9TH AVENUE
PENSACOLA, FL 32503

SUBJECT: CDAC BEHAVIORAL HEALTHCARE, INC.
Ref. Number: 721412

We have received your document for CDAC BEHAVIORAL HEALTHCARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 118A00022398

RECEIVED

2018 DEC -3 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FL

Making a Difference



Supporting
Healthy Lifestyles

November 29, 2018

Florida Dept of State
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Ref. Number 721412
Letter Number: 118A00022398

We have received your letter dated November 20, 2018 (copy attached) and we are resubmitting to you our request for amendment. I have changed the form that states the "Florida Profit Corporation" to "Florida Non-Profit Corporation" which applies to our business. I apologize for any convenience this has caused.

If you have any questions concerning the filing of our document, please call at (850) 434-2724.

Sincerely,

Patti Beebe
Finance Director



3804 N. 9th Avenue
Pensacola, FL 32503-8813
850.434.2724
Fax 850.433.9802
Toll Free 888.994.9944
www.cdac.info

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CDAC Behavioral Healthcare, Inc.

DOCUMENT NUMBER: 721412

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

Please return all correspondence concerning this matter to the following:

<u>Leashia Scrivner</u>	_____
	Name of Contact Person
<u>CDAC Behavioral Healthcare, Inc.</u>	_____
	Firm/ Company
<u>3804 N. 9th Avenue</u>	_____
	Address
<u>Pensacola, FL 32503</u>	_____
	City/ State and Zip Code
 <u>lscrivner@cdac.info</u>	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

<u>Leashia Scrivner</u>	_____	at (<u>850</u>) <u>434-2724</u>
	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 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

Articles of Amendment
to
Articles of Incorporation
of

CDAc Behavioral Healthcare, Inc.

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

721412

(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:

N/A

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**)*

N/A

C. Enter new mailing address, if applicable:

*(Mailing address **MAY BE A POST OFFICE BOX**)*

N/A

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: N/A

New Registered Office Address:

(Florida street address)

N/A

(City)

Florida

(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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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)

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>2nd V</u>	<u>Ed Ellis</u>	<u>3804 N. 9th Ave</u>
<input type="checkbox"/> Add			<u>Pensacola, FL 32503</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>2nd V</u>	<u>DeeDec Thompkins</u>	<u>3804 N. 9th Ave</u>
<input checked="" type="checkbox"/> Add			<u>Pensacola, FL 32503</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>S</u>	<u>Lauren Anzaldo</u>	<u>3804 N. 9th Ave</u>
<input type="checkbox"/> Add			<u>Pensacola, FL 32503</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>S</u>	<u>Matt Newcomer</u>	<u>3804 N. 9th Ave</u>
<input checked="" type="checkbox"/> Add			<u>Pensacola, FL 32503</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<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)

The date of each amendment(s) adoption: 5/16/18, if other than the date this document was signed.

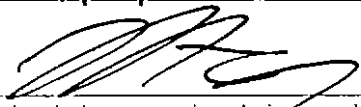
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12/14/2018

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)

Matthew Newcomer
(Typed or printed name of person signing)

Board Secretary
(Title of person signing)