

721962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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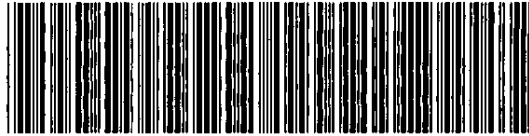
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
10 MAY -7 AM 9:05

Name chg
CC
@ 5/7/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mental Health Association of Volusia County, Inc. *IN Florida, Inc. Volusia County*

DOCUMENT NUMBER: 721962

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

Please return all correspondence concerning this matter to the following:

Bob Decker

(Name of Contact Person)

Mental Health America of East Central Florida, Inc.

(Firm/ Company)

531 S. Ridgewood Avenue

(Address)

Daytona Beach, FL 32114

(City/ State and Zip Code)

bob@mhavolusia.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Decker

(Name of Contact Person)

at (386) 252-5785

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2010

BOB DECKER
MENTAL HEALTH ASSOCIATION
531 S. RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114

SUBJECT: MENTAL HEALTH ASSOCIATION IN FLORIDA INC. VOLUSIA
COUNTY

Ref. Number: 721962

We have received your document for MENTAL HEALTH ASSOCIATION IN FLORIDA INC. VOLUSIA COUNTY and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 910A00010575

2010 MAY -7 AM 8:00
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

Articles of Amendment
to

Articles of Incorporation
of

Mental Health Association of Volusia County, Inc. *in Florida, Inc. Volusia County*

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

721962

(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:

Mental Health America of East Central 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:

New Registered Office Address:

(Florida street address)

(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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TALLAHASSEE, FLORIDA
10 MAY -7 AM 9:05

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)

[illegible]

The date of each amendment(s) adoption: November 16, 2009

(date of adoption is required)

Effective date if applicable: May 15, 2010

(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 April 22, 2010

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)

Jay Crocker

(Typed or printed name of person signing)

Chair/Board of Directors

(Title of person signing)