

726954

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

C. LEWIS  
APR 29 2014  
EXAMINER

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Drug Abuse Comprehensive Coordinating Office, Inc.

DOCUMENT NUMBER: 726954

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

Please return all correspondence concerning this matter to the following:

Mary Lynn Ulrey, CEO

(Name of Contact Person)

Drug Abuse Comprehensive Coordinating Office, Inc.

(Firm/ Company)

4422 East Columbus Drive

(Address)

Tampa, FL 33605

(City/ State and Zip Code)

marylynnu@dacco.org

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

For further information concerning this matter, please call:

Linda Parrish

(Name of Contact Person)

at ( 813 ) 384-4201

(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 checked="" 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 type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

APPROVED  
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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Drug Abuse Comprehensive Coordinating  
(Name of Corporation as currently filed with the Florida Dept. of State)  
726954  
Office, Inc.  
(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 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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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

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:

|  |           |                    |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input checked="" type="checkbox"/> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <input checked="" type="checkbox"/> Add    | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One)          | <u>Title</u>      | <u>Name</u>                               | <u>Address</u>                            |
|---|-------------------|---|---|
| 1) <input checked="" type="checkbox"/> Change | <u>PRES</u>       | <u>Bill Giesecking</u>                    | <u>4121 North 50th Street</u>             |
| <input type="checkbox"/> Add                  |                   |   | <u>Tampa, FL 33610</u>                    |
| <input type="checkbox"/> Remove               |                   |   |   |
| 2) <input type="checkbox"/> Change            | <u>1VP</u>        | <u>Jennifer Durham</u>                    | <u>4300 West Cypress Street, #600</u>     |
| <input checked="" type="checkbox"/> Add       |                   |   | <u>Tampa, FL 33607-4159</u>               |
| <input type="checkbox"/> Remove               |                   |   |   |
| 3) <input type="checkbox"/> Change            | <u>Pres</u>       | <u>Holly Hills, Ph.D.</u>                 | <u>13301 Bruce B. Downs Blvd</u>          |
| <input type="checkbox"/> Add                  |                   |   | <u>Tampa, FL 33612</u>                    |
| <input checked="" type="checkbox"/> Remove    |                   |   |   |
| 4) <input type="checkbox"/> Change            | <u>CFO</u>        | <u>Noel Allen</u>                         | <u>4422 East Columbus Drive</u>           |
| <input type="checkbox"/> Add                  |                   |   | <u>Tampa, FL 33605</u>                    |
| <input checked="" type="checkbox"/> Remove    |                   |   |   |
| 5) <input type="checkbox"/> Change            | <u>          </u> | <u>                                  </u> | <u>                                  </u> |
| <input type="checkbox"/> Add                  |                   |   | <u>                                  </u> |
| <input type="checkbox"/> Remove               |                   |   | <u>                                  </u> |
| 6) <input type="checkbox"/> Change            | <u>          </u> | <u>                                  </u> | <u>                                  </u> |
| <input type="checkbox"/> Add                  |                   |   | <u>                                  </u> |
| <input type="checkbox"/> Remove               |                   |   | <u>                                  </u> |

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APPROVED  
AND  
FILED

The date of each amendment(s) adoption: \_\_\_\_\_, if other  
date this document was signed.

14 APR 22 PM 4:03

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

4/1/14

Signature

Mary Lynn Ulrey

(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)

Mary Lynn Ulrey

(Typed or printed name of person signing)

CEO

(Title of person signing)