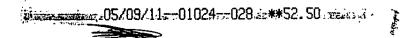
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(Re	equestor's Name)	
(Address)		
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MAME CHANGE 5/20/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	: WALTON COUNTY	ASSOCIATION	FOR RETARDED	CITIZENS,	INC.
DOCUMENT NUMBER:	731511				
The enclosed Articles of Amend	dment and fee are sub	omitted for filing.			
Please return all correspondence	e concerning this mat	ter to the followin	ng:		
ANNABEL ZOR	N Olomo of	Contact Person)	····		
	(Name of	Contact Person)			
WALTON COUN	TY ASSOCIATION		CITIZENS, IN	ic.	
	(Firm	n/ Company)			
PO BOX 813					
	(,	Address)			
<u>DEFUNIAK SP</u>	RINGS, EL 32435	j	· _ · _ · _ ·	·	
 	(City/ Sta	te and Zip Code)			
zórn@panhan E-ma	dle.rr.com ail address: (to be use	d for future annua	al report notificati	on)	
For further information concern	ing this matter, pleas	e call:			
		. 850	. 892=5013	Ext. 3	
ANNABEL ZORN (Name of Contact	t Person)	at (650 (Area	892-5013 Code & Daytime	Telephone Nu	ımber)
Enclosed is a check for the follo	owing amount made p	payable to the Flor	rida Department o	of State:	
_	75 Filing Fee & cate of Status	\$43.75 Fil Certified Cop (Additional c enclosed)	py _	Space 22 \$52.50 Fi Certificate o Certified Co (Additional of is enclosed)	f Status py Copy
Mailing Address Amendment Sectorision of Corp P.O. Box 6327 Tallahassee, FL.	cion orations	· Amer Divis Clifto	t Address adment Section ion of Corporations on Building Executive Center O	3	,

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed w		State)
	vin the Piorida Dept. of	<u>state</u>)
731511 (Document Number of Corp	oration (if known)	<u> </u>
	,	
Pursuant to the provisions of section 617.1006, Florida Stat the following amendment(s) to its Articles of Incorporation		· Profit Corporation adopts
A. If amending name, enter the new name of the corpor	ration:	
The Arc of Walton County, Inc		
The new name must be distinguishable and contain the wabbreviation "Corp." or "Inc." <u>"Company" or "Co." may</u>	vord "corporation" or "it was not be used in the name.	ncorporated" or the
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(S</u>)	,50 ₀
C Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	
		9 1
		后
		(a) F
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		nter the name of the
	N/A	
Name of New Registered Agent:	14/21	 _
New Registered Office Address: (F	Florida street address)	<u>.</u>
		, Florida
	(City)	(Zip Code)
S Registered Agent's Signature, if changing Registere	d Agent:	
hereby accept the appointment as registered agent. I position.	am familiar with and acc	cept the obligations of the
	N/A	
Signature of I	New Registered Agent, if c	hanging

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> **Address** Type of Action ☐ Add Remove ☐ Add ☐ 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: _	03/15/11
Effective date if applicable:	(date of adoption is required) 03/15/11
(no mo	ore than 90 days after amendment file date)
Adoption of Amendment(s)	HECK ONE)
The amendment(s) was/were adopted by th was/were sufficient for approval.	e members and the number of votes cast for the amendment(s)
There are no members or members entitled adopted by the board of directors.	to vote on the amendment(s). The amendment(s) was/were
Dated <u>4/29/11</u>	
Signature	inherly J. Lonas
have not been selec	vice chairman of the board, president or other officer-if directors ted, by an incorporator – if in the hands of a receiver, trustee, or diductory by that fiductory)
Kimberly (Ty	J. Lonas yped or printed name of person signing)
Executive	Director (Title of person signing)

Page 3 of 3