## 734581

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Center for Children and You	th, Inc.	
736581 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following:		
Deborah Foote			
	(Name of Contact P	erson)	
The Florida Center for Children and Youth, In	IC.		
	(Firn/ Compan	y)	
111 S Magnolia Dr Suite 4			
	(Address)		
Tallahassee, FL 32301			
	(City/ State and Zip	Code)	
ntharrisoncpa@gmail.com			
E-mail address: (to	be used for future annual re	port notificatio	n)
For further information concerning this matter	, please call:		
Nancy Harrison, CPA	al	850	2126799
(Name of Contact			(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   Certificate of \$	~	Certif is Certif (Addi	0 Filing Fee Teate of Status Ted Copy tional Copy is Osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ai Di	reet Address mendment Sectivision of Corp he Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

The Florida Center for Children and Youth, Inc.		
Name of Corporation as currently filed with the Florida	Dept. of State)	
736581		
(Document Num	ber of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	<u>ıtion:</u>	
name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name.	ation" or "incorporate	The new d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		78
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>S)</u>	72 P
		<del>一</del>
		2
		7 - T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SE SE
(mailing dualess MAT DI. AT OFF OFFICE DOX)		
		155
D. If amending the registered agent and/or registered of		<u>, enter the name of the</u>
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
		lorida street address)
New Registered Office Address:	"	TOTAL TITE HADE CAT
		400
	(City)	, Florida (Zip Code)
	(City)	(mp conc)
New Registered Agent's Signature, if changing Registere		
I hereby accept the appointment as registered agent. I am f	amiliar with and accep	t the obligations of the position.
	Signature of New Regis	tered 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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change * Add	<u>D</u>	Robert Brooks	111 S. Magnolia Drive Suite 4 Tallahassee, FL 32301
Remove  2) Change Add	D	James Bracher	111 S. Magnolia Drive Suite 4 Tallahassee, FL 32301
Remove 3 ) Change Add Remove	D	Carrie Pettus	Tallahassee, FL 32301
4) Change Add			
Remove 5) Change Add			
Remove Change Add			
E. <u>If amending or additional sheet</u>		icles, enter change(s) here: (Be specific)	
		, <u>, , , , , , , , , , , , , , , , , , </u>	<u> </u>

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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more	than 90 days after amendment file date)
Note: If the date inserted in this block does not medocument's effective date on the Department of Sta	et the applicable statutory filing requirements, this date will not be listed as the te's records.
Adoption of Amendment(s) (CHEC	K ONE)
The amendment(s) was/were adopted by the m was/were sufficient for approval.	embers and the number of votes cast for the amendment(s)

Dated	March 22, 2022
Signature	Lebruh J. Fretz
	(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)
	Deborah Foote
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)  President

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were