

755984

(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

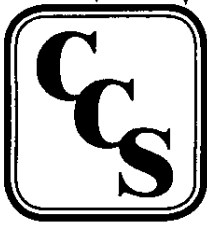


000209666510

07/11/11--01034--028 **52.50

FILED
11 JUL 11 AM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amend NC
Theris
7-13-11



COMPREHENSIVE COMMUNITY SERVICES, INC.

(Formerly Association for Retarded Citizens/ARC)

Advocacy & Quality Services for Persons with disAbilities Since 1981

June 30, 2011

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

Re: Corporate Name Change

Dear Sir or Madame,

Please find attached our form for filing Articles of Amendment to amend the articles of incorporation for Comprehensive Community Services, Inc. The amendment will change our name to The Arc North Florida, Inc. effective June 27, 2011.

Along with our form, we are including a check for \$52.50 for our Filing Fee, Certificate of Status and a Certified Copy. My contact information is as follows:

Comprehensive Community Services, Inc.

Bobbie Lake, Executive Director

511 Goldkist Blvd SW

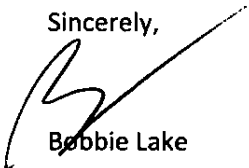
Live Oak, Florida 32064

386-362-7143 Ext 1

blake_ccs@windstream.net

You may contact me if you need any additional information.

Sincerely,



Bobbie Lake

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Comprehensive Community Services, Inc.

DOCUMENT NUMBER: 755964

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

Please return all correspondence concerning this matter to the following:

Bobbie Lake, Executive Director

(Name of Contact Person)

Comprehensive Community Services, Inc.

(Firm/ Company)

511 Goldkist Boulevard SW

(Address)

Live Oak, Florida 32064

(City/ State and Zip Code)

blake_ccs@windstream.net

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

For further information concerning this matter, please call:

Bobbie Lake

(Name of Contact Person)

at (386) 362-7143 Extension 1

(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

Articles of Amendment
to
Articles of Incorporation
of

FILED
11 JUL 11 AM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Comprehensive Community Services, Inc.

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

755964

(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 Arc North 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)

511 Goldkist Boulevard SW

Live Oak, Florida 32064

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

511 Goldkist Boulevard SW

Live Oak, Florida 32064

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:

Bobbie Lake

New Registered Office Address:

511 Goldkist Boulevard SW

(Florida street address)

Live Oak

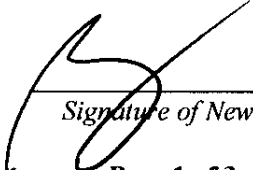
(City)

Florida 32064

(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Jerry Moellenkamp	8471 137th Road Live Oak, FL 32060	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
Secretary	Jeannette Clark	14001 SR 51 Live Oak, FL 32060	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
Director	Stephanie McClendon	8467 81st Drive Live Oak, FL 32060	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

President Cliff Adams 1234 US Highway 129 NW Jasper, FL 32052 CHANGE

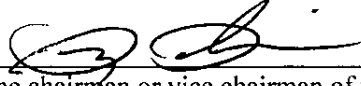
✓ The date of each amendment(s) adoption: June 27, 2011

Effective date if applicable: June 27, 2011 *(date of adoption is required)*
(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 June 27, 2011

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)

Greg Godwin
(Typed or printed name of person signing)

Vice President
(Title of person signing)