

849941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

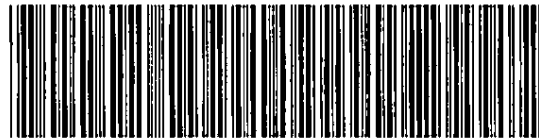
(Business Entity Name)

(Document Number)

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DIVISION OF CORP. REGISTRATION

AUG 03 2017

C McNAIR

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Tourette Association of America Inc.

\_\_\_\_\_  
Name of Corporation

DOCUMENT NUMBER: 849941

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Gonzalez

\_\_\_\_\_  
Name of Contact Person

Tourette Association of America Inc.

\_\_\_\_\_  
Firm/Company

42-40 Bell Blvd., Suite 205

\_\_\_\_\_  
Address

Bayside, NY, 11361

\_\_\_\_\_  
City/State and Zip Code

jennifer@tourette.org

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

For further information concerning this matter, please call:

Jennifer Gonzalez

at ( 718 )

224-2999 x240

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 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

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DIVISION OF CORPORATIONS  
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**NOT FOR PROFIT CORPORATION**  
**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE**  
**AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA**  
(Pursuant to s. 617.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

849941

(Document Number of Corporation (If known))

1. Tourette Syndrome Association, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. New York

(Incorporated under laws of)

3. August 6, 1981

(Date authorized to conduct affairs in Florida)

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**SECTION II**

**(4-8 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? May 15, 2015

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. Tourette Association of America Inc.

(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

n/a

(New duration)

(Date)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.

n/a

(New jurisdiction)

(Date)

8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose.

n/a

(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

9. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Julie W Noulas  
(Signature of the chairman or vice chairman of the board, president, or other officer –  
if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Julie W. Noulas

(Typed or printed name of the person signing)

V.P., Finance

(Title of person signing)

***STATE OF NEW YORK***  
***DEPARTMENT OF STATE***

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the  
Department of State, at the City of Albany,  
on May 15, 2015.

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State

CT-07

150514000805

**CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF INCORPORATION  
OF  
TOURETTE SYNDROME ASSOCIATION, INC.**

Under Section 803 of the Not-for-Profit Corporation Law.

**FIRST:** The name of the corporation is "Tourette Syndrome Association, Inc." and said corporation was formed under the name "The Gilles De La Tourette Syndrome Association, Inc."

**SECOND:** The Corporation's Certificate of Incorporation was filed in the Office of the Secretary of State of New York on March 31, 1972.

**THIRD:** The law the corporation was formed under is Section 402 of the Not-for-Profit Corporation Law.

**FOURTH:** The corporation is a corporation as defined in subparagraph (5) of paragraph (a) of Section 102 of the Not-for-Profit Corporation Law

**FIFTH:** The amended name effected by this Certificate of Amendment is as follows:

Paragraph 1 of the Certificate of Incorporation relating to the corporate name is hereby amended to read in its entirety as follows:

1. The name of the corporation is Tourette Association of America Inc.

**SIXTH:** Paragraph 6 of the Certificate of Incorporation relating to the address for process is hereby amended to read in its entirety as follows:

The Secretary of State is designated as agent of the corporation upon whom process against the corporation may be served. The post office address to which the Secretary of State shall mail a copy of any process against the corporation served upon him is:

Tourette Association of America Inc.,  
42-40 Bell Blvd.,  
Bayside, New York 11361

**SEVENTH:** The certificate of amendment was authorized by a vote of a majority of the entire board of directors.

**EIGHTH:** The Secretary of State is designated as agent of the corporation upon whom process against the corporation may be served. The post office address to which the Secretary of State shall mail a copy of any process against the corporation served upon him is:

Tourette Association of America Inc.,  
42-40 Bell Blvd.,  
Bayside, New York 11361

150514000509

SCF

CT-07

CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF INCORPORATION  
OF

TOURETTE SYNDROME ASSOCIATION, INC.

(Name of Domestic Corporation)

Under Section 803 of the Not-for-Profit Corporation Law

Filer's Name Dentons US LLP

Address 1221 Avenue of the Americas, Floor 24

City, State and Zip Code New York, New York 10020

FILED  
2015 MAY 14 PM 3:03

NOTE: The certificate must be submitted with a \$30 filing fee. This form was prepared by the New York State Department of State. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. Please be sure to review Section 804 and Section 404 of the Not-for-Profit Corporation Law to determine if any consents or approvals are required to be attached to this certificate of amendment.

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STATE OF NEW YORK  
DEPARTMENT OF STATE

FILED MAY 14 2015

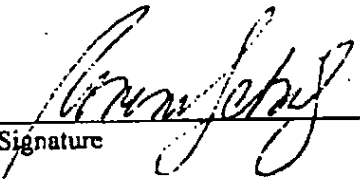
TAX \$

BY: me

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2015 MAY 14 PM 12:06

GRANDDOWN

Est Ref 9548199 CAS

  
Signature

RCVENA SCHIRLING  
Print Name

CHAIR - BOARD OF DIRECTORS  
Title