(Re	equestor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
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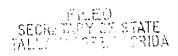
JAN - 8 2014 T. CARTER

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Early Learning	Coalition o	f Brevard County Inc.
DOCUMENT NUMBER: N000000309	7	
The enclosed Articles of Amendment and fee are submitted	d for filing.	
Please return all correspondence concerning this matter to	the following:	
Cathie Odom		
(Nai	ne of Contact Person	1)
Early Learning Coalition of	Brevard	County Inc.
	(Firm/ Company)	
PO Box 560692		
	(Address)	
Rockledge, FL 32956-0692	2	
(City	/ State and Zip Cod	e)
codom@elcbrevard	_	
E-mail address: (to be used for f	uture annual report i	notification)
For further information concerning this matter, please call:		
Cathie Odom	<sub>at (</sub> 321	637-1800 ext 2012
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Depa	ortment of State:
(Λ	3.75 Filing Fee & ortified Copy dditional copy is aclosed)	□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



13 DEC 26 ATTI: 44

(Name of Corporation as currently N00000003097	filed with the Flo	orida Dept. of State)	
	ment Number of C	orporation (if known)	
dursuant to the provisions of section 617.1 mendment(s) to its Articles of Incorporati		es, this <i>Florida Not For Profit Corpora</i>	tion adopts the following
. If amending name, enter the new nar	ne of the corporat	<u>ion:</u>	
N/A			The new
ame must be distinguishable and contain Company" or "Co." may not be used in		tion" or "incorporated" or the abbrevi	
Enter new principal office address, if	'annlicable:	N/A	
Principal office address MUST BE A ST		)	
Enter new mailing address, if applic		N/A	
(Mailing address MAY BE A POST O	FFICE BUX)		
		W-F-1-W-B-10	
			<del></del>
. If amending the registered agent and	or registered offic	ce address in Florida, enter the name	of the
new registered ag ent and/or the new			<u></u>
Name of New Registered Agent:	N/A		
		<del> </del>	
		(Florida street address)	
New Registered Office Address:	A 1 / A		
	N/A	, Florida	
	(City)		(Zip Code)
ew Registered Agent's Signature, if cha			
hereby accept the appointment as register	ed agent. I am fa	miliar with and accept the obligations o	of the position.
, , ,,	•	, ,	, ,

Page 1 of 4

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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Marci Brilley	295 Barnes Blvd
Add			Rockledge, FL 32956
X Remove			
2) Change	S	Elizabeth Mills	2700 Judge Fran Jamieson Way
X Add			Viera, FL 32940
Remove			
3 ) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
N/A					
				·	
					,
				a	·- <u>·</u>
				• • • • • • • • • • • • • • • • • • • •	
		<del></del>			

	date of each amendment this document was signed		, if other than	
	Effective date if applicable: 10/15/2013			
		(no more than 90 days after amendment file date)		
Ado	option of Amendment(s)	(CHECK ONE)		
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) opproval.		
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.		
	Dated.	2/9/13		
	have r	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)		
	Nancy	Grzesik		
		(Typed or printed name of person signing)		
	Interim	Chairperson		
		(Title of person signing)		

the