

N00000005573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

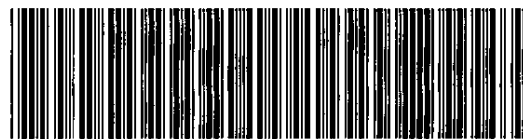
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

10 JUL - 1 PM 2:23

FILED

* Roberts JUL 01 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2010

BRUCE CONNER
CHILDREN'S CARE OUTREACH, INC.
P O BOX 776
BARTOW, FL 33831

SUBJECT: CHILDREN'S CARE OUTREACH, INC.
Ref. Number: N00000005573

We have received your document for CHILDREN'S CARE OUTREACH, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 910A00015177

RECEIVED
2010 JUL -1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Children's Care Outreach, Inc.

DOCUMENT NUMBER: N 0000000 5573

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

Please return all correspondence concerning this matter to the following:

Bruce Conner

(Name of Contact Person)

Children's Care Outreach, Inc.

(Firm/ Company)

P.O. Box 176

(Address)

Bartow, FL 33831

(City/ State and Zip Code)

Bruce CCO @ aol.com

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

For further information concerning this matter, please call:

Bruce Conner

(Name of Contact Person)

at (863) 293-0659

(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

Children's Care Outreach, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

N 0000000 5573
(Document Number of Corporation (if known))

FILED
10 JUL -1 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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)

32 Spirit Lake Rd.
Winter Haven, Florida
33880

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

P.O. Box 776
Bartow, FL
33880-0776

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:

Bruce Conner

New Registered Office Address:

32 Spirit Lake Rd.
(Florida street address)

Winter Haven
(City)

Florida 33880
(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.

Bruce Conner

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> |
|--------------|----------------|---|--|
| PD | HAYES, Glenn E | 1650 MARVIN ST LAKE WALES FL 33859 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| VD | HAYES, DONNA K | 1650 MARVIN ST LAKE WALES, FL 33859 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| S | BLAIR, PATTI | P.O. BOX 332 ALTURA, FL 33820 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |

* (See Additional sheets) 10 of 3

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

NONE

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)

| Title | Name | Address | Type of Action |
|-------|---------------------|--|--|
| TD | HAYES, REGINA A | 1470 E Church St. BARTOW, FL 33830 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| PD | CONNER, Bruce | 1035 Irving BARTOW, FL 33830 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| VD | CONNER, Katherine L | 1035 Irving BARTOW, FL 33830 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |

2 of 3 * (See Additional Sheets)

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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> |
|--------------|----------------------------|--|--|
| <u>S</u> | <u>To Be Elected later</u> | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u>TD</u> | <u>Hayes, Glenn E</u> | <u>1650 MARVIN ST</u> <u>LAKE WALES, FL</u> <u>33859</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

3 of 3

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: 5-28-09

Effective date if applicable: NONE
(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 5-28-09

Signature Bruce Conner chairman of Board/President Elect

(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)

BRUCE CONNER

(Typed or printed name of person signing)

Chairman Board of Directors/President Elect

(Title of person signing)