

N 00000005880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

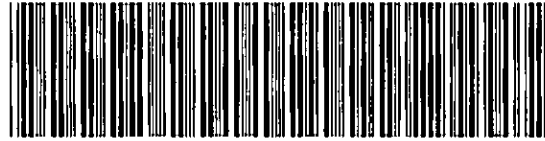
(Business Entity Name)

(Document Number)

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07/06/17--01006--025 \*\*35.00

17 JUL 26 AM 11:52  
STATE OF NEW YORK  
DEPT. OF TAXATION & FINANCE

*Amend*

JUL 24 2017

D CUSHING

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Early Learning Coalition of Osceola County  
DOCUMENT NUMBER: N00000005880

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

Please return all correspondence concerning this matter to the following:

Susanna Wong-Jans  
Name of Contact Person  
Early Learning Coalition of Osceola County  
Firm/ Company  
1631 E Vine Street  
Address  
Kissimmee FL 34744  
City/ State and Zip Code  
Swong@elcosceola.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susanna Wong-Jans at ( 407 ) 933-5353  
Name of Contact Person 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

FILED  
STATE DEPT OF STATE  
DIVISION OF CORPORATIONS  
17 JUL 24 AM 11:52

From:

07/24/2017 09:30

#937 P.001/008



**Fax Cover**

OFFICE OF  
**Early Learning**  
LEARN EARLY. LEARN FOR LIFE.

To: Diane Cushing

From: Susanna Wong-Jans

Fax: 1-850-245-6897

Pages: 7

Date: July 24, 2017

Re: Amended Non-Profit Corporation

CC:

☐ Urgent    ☒ For Review    ☐ Please Comment    ☐ Please Reply    ☐ Please Recycle

● Comments:

Early Learning Coalition  
of Osceola County  
www.elcosceola.org  
info@elcosceola.org (e-mail)

Coalition Office  
1631 E Vine Street, Suite E  
Kissimmee, FL 34744  
407.933.5353  
407.933.5012 (fax)

Direct Services - 4C  
2720 E Irla Bronson  
Memorial Highway  
Kissimmee, FL 34744  
321.219.6300



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2017

SUSANNA WONG-JANS  
EARLY LEARNING COALITION OF OSCEOLA COUN  
1631 E VINE STREET  
KISSIMMEE, FL 34744

SUBJECT: EARLY LEARNING COALITION OF OSCEOLA COUNTY, INC.  
Ref. Number: N00000005880

We have received your document for EARLY LEARNING COALITION OF OSCEOLA COUNTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):


The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 117A00014329

RECEIVED  
JUL 21 2017  
BY: 

Articles of Amendment  
to  
Articles of Incorporation  
of

Early Learning Coalition of Osceola County

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

N0000000 5880

(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 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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |  |           |                         |   |
|--|-----------|-------------------------|---|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>ED</u> | <u>Susan Sunka</u>      | <u>1631 E Vine St Ste E</u><br><u>Kissimmee, FL 34744</u>                 |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>Ed</u> | <u>Charles Rogers</u>   | <u>1631 E Vine Street</u><br><u>Ste E</u><br><u>Kissimmee, FL 34744</u>   |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>C</u>  | <u>James Waters</u>     | <u>2410 Home Town Ln</u><br><u>St Cloud, FL 34769</u>                     |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>T</u>  | <u>Thomas Lang</u>      | <u>1631 E Vine Street</u><br><u>Ste 300</u><br><u>Kissimmee, FL 34744</u> |
| 5) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>T</u>  | <u>Phillip Copeland</u> | <u>349 W Oak Street</u><br><u>Kissimmee, FL 34741</u>                     |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |           |                         |   |

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

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

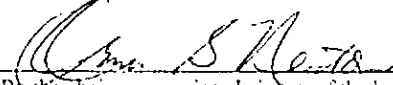
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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.

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 7/21/17

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)

CRINE S. NEWTON  
(Typed or printed name of person signing)

Chairman  
(Title of person signing)