

N000000006058

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(City/State/Zip/Phone #)

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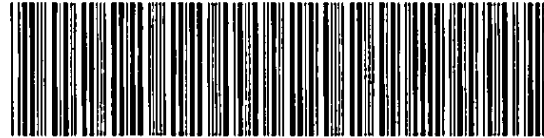
(Business Entity Name)

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2017 OCT -4 AM 10:08

OCT 03 2017
Clerk

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: First Coast Management Services, Inc.

DOCUMENT NUMBER: N00000006058

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

Please return all correspondence concerning this matter to the following:

Eric Horst

(Name of Contact Person)

SMA Behavioral Health Services, Inc.

(Firm/ Company)

1220 Willis Ave.

(Address)

Daytona Beach, FL 32114

(City/ State and Zip Code)

icosimi@smabehavioral.org

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

For further information concerning this matter, please call:

Eric Horst

386

236-1801

at

(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

2011 OCT 14 AM 10:31

ARTICLES OF AMENDMENT
to
ARTICLES OF INCORPORATION
of
FIRST COAST MANAGEMENT SERVICES, INC.

Document Number: N00000006058

2017 OCT -14 AM 10:09

Pursuant to the provisions of Section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following amendment to its articles of incorporation:

FIRST: Amendment adopted:

ARTICLE 1

NAME

The name of the nonprofit corporation shall be **First Coast Behavioral Health Partners, Inc.** For the convenience, the corporation shall be referred to in this instrument as "CORPORATION".

SECOND: The date of the adoption of the amendment was:
February 6, 2017

THIRD: Adoption of Amendment (check one):

☒ The amendment was adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☐ There are no members or members entitled to vote on the amendment. The amendment was adopted by the Board of Directors.

Dated this 20 day of April, 2017

First Coast Behavioral HealthPartners, Inc.,
f/k/a First Coast Management Services, Inc.

By: Zoe Ann Boyle
Zoe Ann Boyle, Chairman

State of Florida }
County of Volusia }

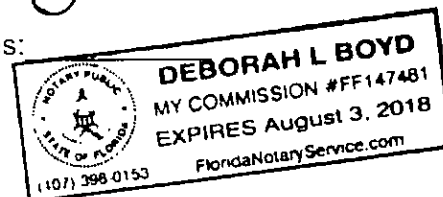
THE FOREGOING INSTRUMENT was acknowledged before me this
20 day of April, 2017, by Zoe Ann Boyle, as Chairman of First Coast
Management Services, Inc., n/k/a First Coast Behavioral HealthPartners, Inc., a
Florida nonprofit corporation, on behalf of the corporation.

Personally known to me ✓

Produced Drivers license for identification

Deborah L. Boyd
Notary Public, State of Florida:

My commission expires:



February 6, 2017

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

Effective date if applicable: November 1, 2017
(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 April 20, 2017

Signature Zoe Ann Boyle
(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)

Zoe Ann Boyle
(Typed or printed name of person signing)

Board Chairman

(Title of person signing)