

N00 00000 6208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

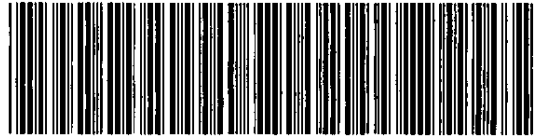
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09 JUL 31 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Notarized  
#00 8/5/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Treasure Coast Coordination Coalition, Inc.

**DOCUMENT NUMBER:** N00000006208

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

Please return all correspondence concerning this matter to the following:

Lisa Olds

(Name of Contact Person)

Martin County Healthy Start Coalition

(Firm/ Company)

2026 SE Ocean Boulevard

(Address)

Stuart, FL 34996

(City/ State and Zip Code)

lolds@mchealthystart.org

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

For further information concerning this matter, please call:

Lisa Olds

(Name of Contact Person)

at ( 772 ) 463-2888

(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

Treasure Coast Coordination Coalition, Inc.

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

N00000006208

(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:**

Treasure Coast Advocacy Coalition, Inc.

*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**)*

2026 SE Ocean Boulevard

Stuart, FL 34996

**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:

New Registered Office Address:

*(Florida street 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*

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**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>
P	Nicole King	2026 SE Ocean Boulevard Stuart, FL 34996	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP/T	Chad Collins	10570 South Federal Highway Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Lisa Olds	2026 SE Ocean Boulevard Stuart, FL 34996	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Article III is amended to read:

The purpose for this corporation is organized are exclusively to promote social welfare within the meaning of Section 501(c)(4) of the Internal Revenue Code and include;  
 Promote a regional focus to address, solve and communicate community issues to local and state legislators;  
 Educate leaders to advocate health and human service issues in the local political arena.

The date of each amendment(s) adoption: June 25, 2009  
(date of adoption is required)

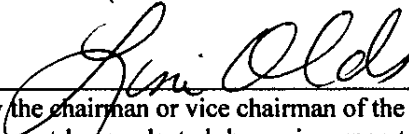
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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 7-28-09

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)

Lisa Olds  
(Typed or printed name of person signing)

President  
(Title of person signing)