

NO2580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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03/28/12--01018--011 **35.00

Amend

FILED
12 SEP 28 PM 12:38
FBI - MINNAPOLIS

OCT 02 2012
T. ROBERTS

Counseling and Resource Center for Women and Families, Inc.
2801 SW College Road, Suite 21
Ocala, Florida 34474
352-861-8044/FAX 352-861-8868

September 24, 2012

Florida Department of State Division of Corporations
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

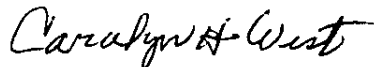
RE: State Reference ID N02580

To Whom It May Concern:

Enclosed are the amendment documents along with a resignation letter dated August 29, 2012 to remove Paul Urban as President from the Board of Directors of the Counseling and Resource Center for Women and Families, Inc.

Further enclosed are the amendment documents for additions to the Board of Directors.

Sincerely,



Carolyn H West, MA, LMHC
CEO /Counseling and Resource Center for Women and Families

CHW/gw

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Counseling And Resource Center for Women and Families

DOCUMENT NUMBER: N02580

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

Please return all correspondence concerning this matter to the following:

CAROLYN H WEST MA, LMHC

(Name of Contact Person)

Counseling And Resource Center for Women and Families

(Firm/ Company)

2801 S. W College Rd. St. 21

(Address)

Ocala, FL 34474

(City/ State and Zip Code)

CARWESTH@Yahoo.com

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

For further information concerning this matter, please call:

CAROLYN H WEST

(Name of Contact Person)

at (352) 861-8044

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

COUNSELLING + RESOURCE CENTER FOR WOMEN + FAMILIES, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

(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:

_____, Florida _____
(City) (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.

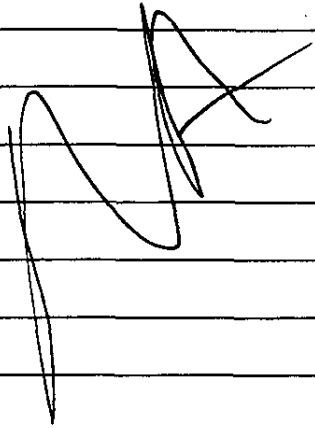
Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, 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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>PAUL URBAN</u>	<u>2875 SW 53rd Street</u> <u>Ocala, Florida 34474</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>CAROLYN H WEST (INTERIM)</u>	<u>2801 SW College Road 8+21</u> <u>Ocala, Florida 34474</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input 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)

A handwritten signature or scribble in black ink, consisting of several loops and a long vertical stroke, positioned in the upper middle section of the lined area.

The date of each amendment(s) adoption: August 29, 2012

Effective date if applicable: August 29, 2012
(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 9/24/12

Signature Carolyn H. West
(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)

CAROLYN H. WEST
(Typed or printed name of person signing)

CEO
(Title of person signing)