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| (Re | questor's Name) | |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| NAME OF COR | PORATION: EPIV | OCATIONAL SERVICES, INC | ٠, |
|------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| DOCUMENT NU | MBER: N03000006 | 6898 | ÷·· |
| The enclosed Artic | eles of Amendment | and fee are submitted for filing. | |
| Please return all co | rrespondence conce | erning this matter to the following: | - |
| BRIAN | SANDERS (| Name of Contact Person) | |
| EPI VO | CATIONAL SERVICE | s, INC | -= |
| | - | (Firm/ Company) | |
| 4069 A | TLANTIC BOULEVAR | (Address) | |
| JACKS | ONVILLE, FLORIDA 3 | | Ŧ |
| For further information | • | s matter, please call: | |
| BRUAN | me of Contact Person) | at () | - |
| | k for the following a | | |
| □ \$35 Filing Fee □ | \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| <u>Mailing A</u> Amendmer | | Street Address Amendment Section | - - |

Division of Corporations

409 E. Gaines Street Tallahassee, FL 32399 Articles of Amendment to Articles of Incorporation of FILED

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TALLAHASSEE. FLORIDA

EPI VOCATIONAL SERVICES, INC

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

N03000006898

(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:

NEW CORPORATE NAME (if changing):

| (must contain the word "corporation," "incorporated," or the abbreviation "co | | n |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| language; "Company" or "Co." may not be used in the name of a not for pro | fit corporation) | |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHA | NCE) Indicate Article | - |
| Number(s) and/or Article Title(s) being amended, added or delet | | - |
| Number(s) and/or Article Title(s) being amended, added or delet | led: (BE SPECIFIC) | |
| ARTICLE 2: LOCATION AMENDED | · <u></u> | · |
| ARTICLE 3: PURPOSE AMENDED | . - : | |
| ARTICLE 7: INITIAL DIRECTORS TITLE AMENDED | | |
| ARTICLE 8: DISSOLUTION ADDED | | |
| ARTICLR 9: AMENDMENTS ADDED | report to the terms of the term | <u> </u> |
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| Control of the second of the s | | <u></u> |
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(Attach additional pages if necessary)

(continued)

| he date of adoption of the amendment(s) was: MARCH 9, 2005 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| iffective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| doption of Amendment(s) (CHECK ONE) | - |
| ☐ The amendment(s) was (were) 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(s) was (were) adopted by the board of directors. | |
| igned this 9TH day of MARCH 2005 | |
| 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.) | _ - - |
| BRIAN D. SANDERS | |
| (Typed or printed name of person signing) | • |
| EXECUTIVE DIRECTOR | |
| (Title of person signing) | |

FILING FEE: \$35

Articles of Incorporation

Of

EPI Vocational Services, Inc

Article 1: Name

The name of the corporation shall be: EPI Vocational Services, Inc

Article 2: Location

The principal place of business address:
4029 Atlantic Boulevard
Jacksonville, Florida 32216 322 07

Article 3: Purpose

To provide assistance and support to the disabled persons for independent living. Said corporation is organized exclusively for charitable, scientific, literary and educational purpose within the meaning of Section 501 c 3 of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law.

Article 4: Directors

Directors are elected or appointed as defined in the corporate By-Laws.

Article 5: Registered Agent

Brian Sanders 6216 Arlington Road Jacksonville, Florida 32211

I certify that I am familiar with and accept the responsibility of registered agent.

Registered Agent Signature:

Article 6: Incorporator

The name and address of the incorporator is:

David Deloach 33585 Del Obispo C#200 Dana Point, CA 92629

Incorporator's Signature: DAVID DELOACH

Article 7: Initial Directors

The initial officer(s) and/or director(s) of the corporation is/are:

Title: Executive Director
Brian Sanders
4069 Atlantic Boulevard
Jacksonville, Florida 32216

Title: S/TR
Brian Sanders
4069 Atlantic Boulevard
Jacksonville, Florida 32216 32207

Article 8: Dissolution

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501 c 3 of the Internal Revenue Code or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Article 9: Amendments

The corporation reserves the right to amend or repeal any provisions of these Articles of incorporation, or any amendment(s) thereto.

The undersigned has amended these articles of Incorporation this 28th day of April 2004

Brian Sanders, Executive Director

Suan Sandar

Postscript:

These Articles of Incorporation for EPI Vocational Services, Inc. were filed electronically on August 12, 2003, and assigned document number N03000006898 by the Florida Department of State, Division of Corporations, P.O. Box 6327, Tallahassee, Florida 92314.