10400005909

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SECRETARY OF STATE
ALL AHASSEY

JUN 08 2012 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Life Skills	Center Bro	ward County, Inc.
DOCUMENT NUMBER: N0400005	909	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Tonya A. Deal		
	(Name of Contact Person	n)
tdeal, llc		
	(Firm/ Company)	
5096 Northern Lights Dri	ve	
	(Address)	
Greenacres, FL 33463		
	(City/ State and Zip Cod	e)
tadeal@bellsouth		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Tonya A. Deal	561	389.9959
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment 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	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LIFE SKILLS CENTER BROWARD COUNTY, INC.

(Name of Corporation as curre			
N0400005909	1100 WILL THE 1 101	New 2 Spring (
(Docum	ent Number of Corpora	tion (if known)	
Pursuant to the provisions of section 61 amendment(s) to its Articles of Incorpo		s, this <i>Florida Not For Profit C</i>	orporation adopts the following
A. If amending name, enter the new	name of the corporation	on:	
Success Leadership Ac	•		The new
name must be distinguishable and cont "Company" or "Co." may not be used		ion" or "incorporated" or the a	abbreviation "Corp." or "Inc."
B. Enter new principal office addres (Principal office address <u>MUST BE A</u>		2360 OAKLAND PARK BLVD OAK	KLAND PARK FL 33311
ir incipal office address <u>most bic A</u>	STREET ADDRESS)		
			
C. Enter new mailing address, if app (Mailing address MAY BE A POS		P.O. BOX 22368 WEST PAL	M BEACH FL 33416
			<u> </u>
			
D. If amending the registered agent new registered agent and/or the n			e name of the
Name of New Registered Ager			
New Registered Office Address:		(Florida street address)	_
		Fic	orida
	(City)		Zip Code)
New Registered Agent's Signature, it I hereby accept the appointment as reg	changing Registered istered agent. I am fan	Agent: niliar with and accept the oblige	ations of the position.
			늰
3	Signature of New Regisi	tered Agent, if changing	ZOIZ SECI
	i	Page 1 of 4	

CRETARY OF STA

FILED

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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add Remove		_		
2) Change Add Remove				
3) Change Add Remove		_		
4) Change Add Remove		_		
5) Change Add Remove				
6) Change Add Remove		_		

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

The date of each amendment(s) adoption: May 10, 2012			
Effe	ective date if applicable:		
	(no more than 90 days after amendment file date)		
Ada	option 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 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)		
	Dr. Reggie R. Lewis		
	(Typed or printed name of person signing)		
	Governing Board President		
	(Title of person signing)		