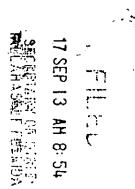
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporat	ions				
Association NAME OF CORPORATION:		of Early Learning Co	oalitions, l	nc.	
DOCUMENT NUMBER	N05000008755				
DOCUMENT NUMBER	· :	1		·	
The enclosed Articles of A	Imendment and fee	are submitted for filing	3 .		
Please return all correspon	idence concerning th	his matter to the follow	ing:		
Sar	alyn Grass				
Ass	sociation of Early L	Name of Con Learning Coalitions	tact Person		
206	i-B South Monroe	Firm/ Company De Street, Suite 110			
Tall	ahassee, FL 323	Addre 01	ess		
		City/ State and	Zip Code		
sgrass(②aelcfl.org				
·	E-mail addi	ress: (to be used for fut	ure annual	report notification)	
]]	•		, , , , , , , , , , , , , , , , , , ,	
For further information con	 cerning this matter 1	please call:			
Renea Black		85 at (50	598-9962	
Name of Co	ntact Person			e & Daytime Telephone Number	
Enclosed is a check for the	following amount in	nade payable to the Flo			
■ \$35 Filing Fee	□\$43.75 Filing Fee Certificate of Stat		у	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Street Address			
Division of	Amendment Section				
P.O. Box	Division of Corporations Clifton Building				
Tallahass	ce, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2017

SARALYN GRASS 206-B S MONROE ST STE 110 TALLAHASSEE, FL 32301

SUBJECT: ASSOCIATION OF EARLY LEARNING COALITIONS, INC.

Ref. Number: N05000008755

We have received your document for ASSOCIATION OF EARLY LEARNING COALITIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A not for profit corporation cannot file a profit benefit corporation amendment form to make an amendment to the articles of incorporation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 417A00017466

RECEAVED 17 SEP 13 PH 3: 32 US / TRISKS OF STATE 12 SON OF CURPORATIONS

www.sunbiz.org

DO DOM SOOF THE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ASSOCIA	ition	of	Early	Learning	Coalitions	, Inc.
DOCUMENT NUMBER: NOS 0000			·			
The enclosed Articles of Amendment and fee are			ing.			
Please return all correspondence concerning this	matter to	the follo	owing:			
Sara	lyn	Gra	55			
	(Na	me of C	SS Contact Perso	on)		
Association of	Early	Le	arning	Coalitio	ns, Inc.	
206-B S. Monroe St.	<u>,</u>	uite	I(O			
Tallahassee , Fa						
Sgrqs E-mail address: (to b	used for	aelc Tuture a	f/.ord	notification)		
For further information concerning this matter, p	 lease call 	:				
Saralyn Grass (Name of Contact I			at	(904) 69	1-5959	-
(Name of Contact F	erson)		(/	Area Code) (Da	ytime Telephone Nun	iber)
Enclosed is a check for the following amount m	 ade payab 	le to the	: Florida De	partment of State:		
\$35 Filing Fee	atus C	zertinea	copy nal copy is	□\$52.50 Fili Certificate Certified C (Additional Enclosed)	of Status opy	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Ame Divis Clifto 2661	et Address ndment Section sion of Corporatio on Building Executive Center thassee, FL 32301	Circle	

FILED

Articles of Amendment

17 SEP 13 AM 8: 54

to
Articles of Incorporation
of SECRETARY OF JUNE

Association	of i	Early	Learning	e Florida Dept. of State)	Febalda
(<u>Nar</u>	ne of Corpo	ration as cu	irrently filed with th	e Florida Dept. of State)	
NO500000875	5				
		Document i	Number of Corporatio	n (if known)	
amendment(s) to its Articles of I	ncorporation	1:		Not For Profit Corporation adop	its the following
A. If amending name, enter th	ie new name	of the corp	oration:		
		-			The new
name must be distinguishable as "Company" or "Co." may not i				oorated" or the abbreviation "Co	
B. Enter new principal office	address, if a	 pplicable:	206-B	S. Monroe St.	
(Principal office address <u>MUS</u>	F BE A STR	EETADDR	Suite	S. Monroe St. 110 55ee, FL 3230	
			Tallaha	ssel, FL 3230	<u>/</u>
C. Enter new mailing address (Mailing address MAY BE)	s, if applical A POST OF	ble: FIGE BOX			
D. If amending the registered	agent and/o	 or registere	d office address in F	lorida, enter the name of the	
new registered agent and/o	or the new r	egistered o	ffice address:		
Name of New	Registered :	 gent: _S	Gralyn C	Monroe St. Sui	
			106-B S.	Monroe St., Sui	ite 110
New Registe		- 11		·	
			Tallahass	EC, Florida, Zip Cod	32301
			(City)	(Zip Cod	de)
New Registered Agent's Signa	iture, if cha	nging Regis	tered Agent:		
I hereby accept the appointmen	t as registere	ed ağını. 1	0	accept the obligations of the pos Light Registered Agent, if changing	Hion,
		11	~		

P = President; V = Vice	President: T= = Chief Fina	ncial Offic e r. If an officer/director h	tor; $TR = Trustee$; $C = Chairman$ or $Clerk$; $CEO = Chief$ olds more than one title, list the first letter of each office
Changes should be note a change, Mike Jones lo Mike Jones, V as Remo	caves the corpo	pration, Sally Smith is named the V σ	listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	$\underline{\underline{V}}$ $\underline{\underline{N}}$	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	<u>_T</u>	Anthony Loupe	4472 Okeechobee Rd. Fort pierce, FL 34947
2) Change Add	0	Susan Sunka	1631 E. Vine St. Suite E Kissimmee, FL 34744
Remove	<u>_T</u>	Renea Black	107 Tupela Ave. SE Fort Walton Beach, FL 32548
4) Change Add Remove	_0_	La Shone Surre	lake City, FL 32025
5) Change Add Remove			
6) Change Add Remove			

Page 2 of 4

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)

E. If amending or adding additional Articles,	 enter change(s) here:
F. If amending or adding additional Articles, (attach additional sheets, if necessary). (Be	specific)
_	
	<u> </u>
<u> </u>	<u> </u>

The date of each amendment(s) adoption:	May 24	,2017	if other than the
date this document was signed.			
Effective date if applicable: July	·		
(no m	ore than 90 days after am	endment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	 neet the applicable statute state's records. 	ory filing requirements, this da	te will not be listed as the
Adoption of Amendment(s) (<u>CH</u>	CK ONE)		
The amendment(s) was/were adopted by the was/were sufficient for approval.	members and the numbe	r of votes east for the amendm	ent(s)
☐ There are no members or members entitled adopted by the board of directors.	b vote on the amendment	.(s). The amendment(s) was/w	rere
Dated 9 7	(17		
Signature	Pa		
have not been selected,	y an incorporator – if in	esident or other officer-if directhe hands of a receiver, trustee	e, or
other court appointed fi	luciary by that fiduciary)		
	Matt Guse	<u>. </u>	
	(Typed or printed nam	e of person signing)	
	Chair		
	[] (Title of po	erson signing)	