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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Assistance \$ Services, Inc.

DOCUMENT NUMBER: N05000011607

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

Please return all correspondence concerning this matter to the following:

Rosa J Lawson, Ed.D. (Name of Contact Person)

Central Charter School
(Firm/ Company)

4515 North State Road 7
(Address)

Lauderdale Lakes, FL 33319 (City/ State and Zip Code)

plawson479@aol.com

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

For further information concerning this matter, please call:

Rosa J Lawson, Ed.D. (Name of Contact Person)

at (__, 954 __) 735-6295

(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

\$\Bigsigmu\$ \$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 **Articles of Incorporation**

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

N0500011607 (Document Number of Corporation (if known)

AND THE SHAPE OF THE SERVICE OF THE Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation 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 <u>MUST BE A STREET ADDRESS</u>)
- 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)

, 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Chairman	Arthur Kennedy	P.O. Box 8974, Coral Springs FL 33075	☑ Add ☐ Remove
Secretary/ Treasurer	Rose Merritt	P.O. Box 8974, Coral Springs FL 33075	☑ Add ☐ Remove
Financial Consultant	Chuck West	P.O. Box 8974, Coral Springs FL 33075	☑ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article of Dissolution Clause

Upon the dissolution of Assistance & Services, Inc. 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 Assistance Unlimited, Inc.

i ne. date of each amendment(s)	June 1, 2009	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were awas/were sufficient for approve	dopted by the members and the number of votes call.	ast for the amendment(s)
There are no members or mem adopted by the board of directors	bers entitled to vote on the amendment(s). The arrors.	mendment(s) was/were
Dated_ 06/26	/2009	
Signature	Josa Journ	
have no	chairman or vice chairman of the board, president of been selected, by an incorporator — if in the habourt appointed fiduciary by that fiduciary)	t or other officer-if directors nds of a receiver, trustee, o
	Rosa J Lawson (Typed or printed name of person signin	g) .

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President/CEO (Title of person signing)