105672

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CO	PRPORATION:D	eaf Service Center Manatee-Sarasota County, In
DOCUMENT :	NUMBER:	N05672
The enclosed A	rticles of Amendment	and fee are submitted for filing.
Please return all	correspondence conc	eerning this matter to the following:
	Christopher	Wagner (Name of Contact Person)
		(Name of Contact Felson)
	Deaf Service	e Center Manatee-Sarasota, Inc.
		(Firm/ Company)
	5107 14th S	treet West
		(Address)
	Bradenton, 1	FL 34207 (City/ State/ and Zip Code)
For further infor	mation concerning th	is matter, please call:
Christ	opher Wagner	at (_941) 758-2539
(1	Name of Contact Person)	
Enclosed is a ch	eck for the following	amount:
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
	Address	Street Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations
P.O. Box 6327		409 F. Gaines Street

Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 27, 2005

DEAF SERVICE CENTER MANATEE-SARASOTA COUNTIES, INC. CHRISTOPHER WAGNERR 5107 14TH STREET WEST BRADENTON, FL 34207

SUBJECT: DEAF SERVICE CENTER OF MANATEE-SARASOTA COUNTIES.

INC.

Ref. Number: N05672

We have received your document for DEAF SERVICE CENTER OF MANATEE-SARASOTA COUNTIES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

If there are <u>MEMBERS ENTITLED TO VOTE</u> on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are <u>NO MEMBERS OR MEMBERS ENTITLED TO VOTE</u> on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

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) 245-6869.

Letter Number: 505A00005828

Teresa Brown Document Specialist

Articles of Amendment to Articles of Incorporation

of OSFED FILED
Deaf Service Center Manatee-Saragota Counties, Indiana, A.
Of Deaf Service Center Manatee-Sarasota Counties, Inc., Phys., Sarasota (Name of corporation as currently filed with the Florida Dept. of State) N05672 (Decement number of corporation (if known)
E. F. STATA
N05672
(Document number of corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
Community Center for the Deaf and Hard of Hearing Manatee-Sarasota, Inc. (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(Attach additional pages if necessary)

The date of adoption of the a	mendment(s) was: December 17, 2004
Effective date if applicable: _	January 1, 2005
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	was (were) adopted by the members and the number of votes cast was sufficient for approval.
•	ers or members entitled to vote on the amendment. The (were) adopted by the board of directors.
Signed this <u>20th</u> day of _	January , 2005 .
Signature	Dhe Ellis.
(By the have r	chairman or vice chairman of the board, president or other officer- if directors not been selected, by an incorporator- if the hands of a receiver, trustee, or othe appointed fiduciary, by that fiduciary.)
	Dr. James L. Ellis
	(Typed or printed name of person signing)
	President, Board of Directors
	(Title of person signing)

FILING FEE: \$35