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COVER LETTER

TO: Amendment Section Division of Corporations

VOICES FOR CHILDREN OF OKEECHOBEE AND THE TREASURE COAST NAME OF CORPORATION:	
N06000009551 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
KIMBERLY A CORNERS	
(Name of Contact Person)	_
VOICES FOR CHILDREN OF OKEECHOBEE AND THE TREASURE COAST INC	
(Firm/ Company)	
584 NW UNIVERSITY BLVD SUITE 600	
(Address)	_
PORT ST LUCIE FL 34986	
(City/ State and Zip Code)	_
KIMMSUE22@GMAIL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
KIMBERLY A CORNERS 7722918354	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	_
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee Scrifficate of Status Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Company in the Comp	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

VOICES FOR CHILDREN OF OKEECHOBEE AND THE TREASURE COAST INC

(Name of Corporation as currently filed with the F	lorida Dept. o	f State)		
N06000009551				
(Documen	nt Number of C	Corporation (if know	m)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this	Florida Not For P	rofit Corporation adopts	the following
A. If amending name, enter the new name of the co	orporation:			
name must be distinguishable and contain the word "company" or "Co." may not be used in the name.	corporation" a	or "incorporated" o	r the abbreviation "Corp	The new o." or "Inc."
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADL</u>	<u>DRESS</u>)			202
		<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			· -	ن ن (
(Maning address MATE DE A POST OF FICE DO				11 2: 56
D. If amending the registered agent and/or registered new registered agent and/or the new registered			ter the name of the	
Name of New Registered Agent:	IMBERLY A	CORNERS		
	84 NW UNIVI	ERSITY BLVD #6	00	
<u></u>	····	(Florid	a street address)	
PC	ORT ST LUC	Е	. Florida	36
	(Ci	ty)	(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	I am familiar	with and accept the	obligations of the position	on.

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 X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>oneş</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	TD	HOWARD ROTHMAN	
	TD	KIMBERLY CORNERS	584 NW UNIVERSITY BLVD #60 PORT ST LUCIE FL 34986
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	

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	1:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
((no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not bent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.		
JULY 29, 2020 Dated		
Signature		
other court appointed fiduciary by that fiduciary) KIMBERLY A CORNERS		
(Typed or printed name of person signing)		
TREASURER / DIRECTOR		
(Title of person signing)		

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