## N06000009771

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ACTON UP WITH DOWNS, Inc.
DOCUMENT NUMBER: N 06 00009771
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Katy Nail
(Name of Contact Person)
ACTON UP WITH DOWNS, Inc.
(Firm/ Company)
PO BOX 9326
(Address)
Panama City Beach, FL 32417
(City/ State and Zip Code)
Katymnail agamail. com  13-mail agdress: (to be used for fundre annual report notification)
is-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Katy Nail 850-814-7288
(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:
\$35 Filing Fee U\$43.75 Filing Fee & U\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$\int \frac{1}{2}\$

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

10

Articles of Incorporation

## Acton Up With Downs, Inc.

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

J 0600000 9771

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the co	orporation:
DOWN Syndrome Assi	orporation: Ociation of the Emeray Coast, In Cociation of the Emeray Coast, In Cocreporation or "Incorporated" or the abbreviation "Corp," or "Inc."
raine must be distinguishable and contain the word "c	corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co," may not be used in the name.	1
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADL</u>	
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BO)	N/A
If amending the registered agent and/or register new registered agent and/or the new registered      Name of New Registered Agent:	red office address in Florida, enter the name of the office address:
Name of New Registered Agent.	11/2
New Registered Office Address:	N A (Florida street address)  N A (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	distered Agent: I am familiar with and accept the obligations of the position.
	NIA
• 11.447/17494	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)

Please note the officer/director title by the first letter of the office title:

 $P \sim President$ ;  $V \sim President$ ;  $T \sim Treasurer$ ;  $S \sim Secretary$ ;  $D \sim Director$ ;  $TR \sim Trustee$ ;  $C \sim Chairman$  or Clerk;  $CEO \sim Chief$ Executive Officer:  $CFO \sim Chief$  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 Doc  Y Mike lones  SV Sally Smith	
Type of Action (Check One)	<u> </u>	<u>Addres</u> s
I) Change	NIA	
		MINISTER - PARTICULAR SE PROTES AND
Remove		
2) Change	special special contracts	
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Remove		
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000		(1000 - 1000 Principle)
5) Change		
Add		
Remove		
6)Change		
Add		The state of the s
Remove		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
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The	e date of each amendment(s) ado	ortion: NA	if other than the
date	this document was signed.	01/4	
Eff	ective date if applicable:	(no more than 90 days after amendment file date)	THE CONTRACT OF THE CONTRACT O
	e: If the date inserted in this block ument's effective date on the Depa	does not meet the applicable statutory filing requirements, this date writnent of State's records.	ill not be listed as the
Add	option of Amendment(s)	(CHECK ONE)	
X	The amendment(s) was/were ado was/were sufficient for approval.	nted by the members and the number of votes east for the amendment(	s)
	There are no members or membe adopted by the board of directors	is entitled to vote on the amendment(s). The amendment(s) was/were.	
	Dated	12/17	
	Signature (By the chairm	an 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 pointed fiduciary by that fiduciary)	
	<u>Ch</u>	Tistopher 5. Moselley (Typed or printed name of person signing)	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	