

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL	
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(0	Occument Number)		
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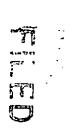
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R. WHITE: DEC 28 2018





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Families Exploring Do N:	•	evard, Inc.	
	N06000011357			
DOCUMENT NUMBER:	_ 			
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Jay W. Freeland				
	(Name of Contact Per	son)	· · · · · · · · · · · · · · · · · · ·
Down Syndrome Association	n of Brevard, Inc.			
		(Firm/ Company)	<u> </u>	
125 East Merritt Island Cau	seway, Suite 107, Box 361			
		(Address)		
Merritt Island, FL 32952				
		City/ State and Zip Co	ode)	
treasurer@fedsofbrevard.or	<u>ū</u>			
F.	-mail address: (to be used)	for future annual repo	rt notification	1)
For further information conc	erning this matter, please c	all:		
Jay Freeland			321	514-6678
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida De	epartment of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif (Addi	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	address		et Address endment Sect	ion

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

2018 DEC 17 AM 11:55

SECTA NAME OF STATE

ramines exploring Down Syndrome of Dievard, me.		:MEMIMOUL	
(Name of Corporation as curre	ntly filed with the Flori	da Dept. of <u>State</u>)	
N06000011357			
(Document Num	iber of Corporation (if kn	own)	
Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For</i>	Profit Corporation adopts the following	
A. If amending name, enter the new name of the corpora	<u>ition:</u>		
Down Syndrome Association of Brevard, Inc.		The new	
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated		
	N/A		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u> :	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	125 East Merritt Islan	d Causeway	
(Stating datess SIAT BE ATOST OFFICE DOX)	Suite 107, Box 361		
	Merritt island, FL 326	952	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:	fice address in Florida, o address:	enter the name of the	
	-		
New Registered Office Address:	(Flo	rida street address)	
•	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	d Agent:	, ,	
	Signature of New Registe	red 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 = 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	<u>V</u> <u>M</u>	hn Doe ike Jones Illy Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Т	Jay W. Freeland	5195 Calmes Way
X Add			Merritt Island, FL 32952
Remove			
2) Change	Т	Ardath Griffin	1170 Grand Cayman Drive
Add		-	Merritt Island, FL 32952
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u>-1</u>
6) Change		- JV	
Add			
Remove			

. If amending or adding additional (attach additional sheets, if necessary)	ry), (Be specific)	_			
					
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	- <u>-</u> -				

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The	e date of each amendment(s) adoption:	, if other than the
	e this document was signed. January 1, 2019	
Eff	fective date if applicable:	
	(no more than 90 days after amendment file date)	
<u>Not</u> doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date cument's effective date on the Department of State's records.	will not be listed as the
Ade	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes east for the amendmen was/were sufficient for approval.	nt(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.	'e
	Dated Dated	
	Signature 1040. Lot	
	(By the chairman or vice chairman of the board, president or other officer-if directe have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	or Or
	Jay W. Freeland	
	(Typed or printed name of person signing)	_
	Treasurer	
	(Title of person signing)	_