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## **COVER LETTER**

TO: Amendment Section Division of Corporations

A B. C	enter of Excellence			
DOCUMENT NUMBER: N06000012518				
The enclosed Articles of Amendment and fee are st			<del></del> .	
Please return all correspondence concerning this ma	atter to the following:			
Judith Romera Williams				
	(Name of Contact P	erson)		
Florida Autism Center of Excellence				
	(Firm/ Company	y)	······································	
6310 E Sligh Ave.				
	(Address)			
Tampa, FL 33617				
	(City/ State and Zip	Code)		
Boardchair'à faceprogram.org				
E-mail address; (to be us	sed for future annual re	port notification	n)	
For further information concerning this matter, plea	nse call:			
Karen Kelley	31	813	985-3223	Sumber) 14
(Name of Contact Pers		(Area Code)	(Daytime Telephone N	(umber)-
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		Certif S Certif	0 Filing Fee ficate of Status fied Copy itional Copy is osed)	FA12: 51
Mailing Address  Amendment Section  Division of Corporations	An	reet Address mendment Sect vision of Corp		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Florida Autism Center of Excellence

N06000012518			
(Доси	nent Number of Corporation (if k	nown)	
fursuant to the provisions of section 617,1006. Flo imendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the	following
If amending name, enter the new name of th	e corporation:		
			_the new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam		T or the abbreviation "Corp " o	or "Inc "
B. Enter new principal office address, if applies	ible:		
Principal office address <u>MUST BE A STREET A</u>	ADDRESS )		
	<del></del> -		-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)	-	
			•
			·
		, enter the name of the	· 
). <u>If amending the registered agent and/or regi</u> new registered agent and/or the new register		, enter the name of the	
		enter the name of the	
new registered agent and/or the new register	red office address:	enter the name of the	
new registered agent and/or the new register	Sydney Sampson 6310 E Sligh Ave Unit B	enter the name of the	
new registered agent and/or the new register	Sydney Sampson  6310 E Sligh Ave Unit B		
new registered agent and/or the new register  Nume of New Registered Agent:	Sydney Sampson  6310 E Sligh Ave Unit B	lorida street addressi 33617	
new registered agent and/or the new register  Name of New Registered Agent:	sydney Sampson  6310 E Sligh Ave Unit B		
new registered agent and/or the new register  Name of New Registered Agent:  New Registered Office Address:	Sydney Sampson  6310 E Sligh Ave Unit B  (Fig. 1)  (City)	forida street addressi , Florida	
new registered agent and/or the new register  Nume of New Registered Agent:  New Registered Office Address:  Sew Registered Agent's Signature, if changing	Sydney Sampson  6310 E Sligh Ave Unit B  (Fig. 1)  Tampa  (City)  Registered Agent:	oriki street addressi Florida 33617 (Zip Code)	
new registered agent and/or the new register  Nume of New Registered Agent:  New Registered Office Address:  New Registered Office Address:	Sydney Sampson  6310 E Sligh Ave Unit B  (Fig. 1)  Tampa  (City)  Registered Agent:	oriki street addressi Florida 33617 (Zip Code)	Cive
Name of New Registered Agent:	Sydney Sampson  6310 E Sligh Ave Unit B  (Fig. 1)  Tampa  (City)  Registered Agent:	oriki street addressi Florida 33617 (Zip Code)	00000

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, CEO. 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

V Mike Jo	<u>ones</u>	
<u>Title</u>	<u>Name</u>	Address
<u>Prin</u>	Sydney Sampson	6310 E Sligh Ave Tampa, FL 33617
APrin	Sarah Howard-Willms	6310 E Sligh Ave Tampa, FL 33617
<u>Prin</u>	Maynard Harvey	6310 E Sligh Ave Tampa, FL 33617
<del></del>		
		5655 Kr. 14
	Title  Prin  APrin  Prin  and additional Articles	Prin Sydney Sampson  APrin Sarah Howard-Willms

was were sufficient for approval.

Dated _	8/1/2023	
Signature _ (1	By the chairman or vice chairman of the board, president or other officer-if directors	
	ive not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther equirt appointed fiduciary by that fiduciary)	
	Judith Romera Williams	
	(Typed or printed name of person signing)	
	Board Chair	
	(Title of person signing)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

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