

1107000003356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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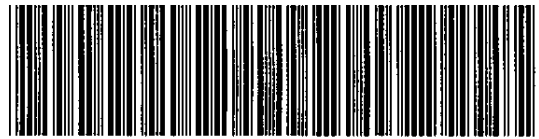
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Handwritten signature and date: 10/19/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Connections4Kids and Families, Inc.

DOCUMENT NUMBER: N07000003356

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann Scimone

(Name of Contact Person)

Connections4Kids and Families

(Firm/ Company)

P.O. Box 7803

(Address)

Longwood, FL. 32791

(City/ State and Zip Code)

archerC4K@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Scimone

(Name of Contact Person)

at (407) 721-5259

(Area Code & Daytime Telephone Number)

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

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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
to
Articles of Incorporation
of

Connections4Kids and Families, Inc.

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

N07000003356

(Document Number of Corporation (if known))

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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 corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 7803

Longwood, FL. 32791

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Ann Scimone

New Registered Office Address:

631 Young Place

(Florida street address)

Lakeland

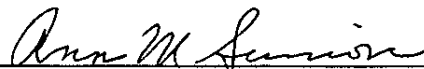
(City)

Florida 33803

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	Julie Henry	434 N. Meander Dr. Altamonte Springs, FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VD	Carey Colon	434 N. Meander Dr. Altamonte Springs, FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
SD	Laurie Lee	434 N. Meander Dr. Altamonte Springs, FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Add Ann Scimone as PD (President/Director) P.O. Box 7803 Longwood, FL. 32791

Add Mike Henry as SD (Secretary/Director) P.O. Box 7803 Longwood, FL. 32791

Add John Scimone as TD (Treasurer/Director) P.O. Box 7803 Longwood, FL. 32791

Change "Corporate Purposes" to: Connections4Kids and Families is a nonprofit organization established to provide services including: mental health counseling, behavioral services, tutoring, mentoring, therapeutic arts program, homemaking services, social work services and outreach services.

The date of each amendment(s) adoption: October 5, 2009
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated October 5, 2009

Signature Julie Henry / Ann M. Scimone
(By the chairman 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 other court appointed fiduciary by that fiduciary)

Julie Henry / Ann Scimone
(Typed or printed name of person signing)

Outgoing President/Director / In coming President/Director
(Title of person signing)