

ND1000008134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

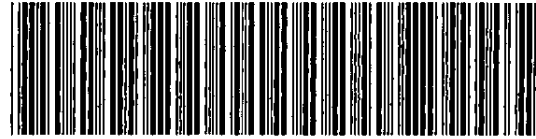
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500133963335

08/07/08--01026--016 \*\*43.75

08 AUG -7 PM 1:14

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Amend/cc  
@ 8/12/08

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Daytona Beach Down Syndrome Association Inc.

DOCUMENT NUMBER: N07000008634

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

Please return all correspondence concerning this matter to the following:

Samantha Elledge

(Name of Contact Person)

Daytona Beach Down Syndrome Association Inc.

(Firm/ Company)

2050 South Ridgewood Ave. J-4

(Address)

South Daytona, Florida 32119

(City/ State and Zip Code)

For further information concerning this matter, please call:

Samantha Elledge

(Name of Contact Person)

at ( 386 ) 682-5197

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

Daytona Beach Down Syndrome Association Incorporated

N07000008634

(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: 07/30/2008

Effective date if applicable: 07/30/2008  
(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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Samantha Elledge  
(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.)

Samantha Elledge  
(Typed or printed name of person signing)

Executive Director  
(Title of person signing)

**FILING FEE: \$35**