

N 080000047/6

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(City/State/Zip/Phone #)

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APPROVED  
AND  
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09 NOV 30 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*  
10/16/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Connections Outreach, Inc.

**DOCUMENT NUMBER:** N08000004716

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

Please return all correspondence concerning this matter to the following:

Julie Henry

(Name of Contact Person)

(Firm/ Company)

434 N. Meander Drive

(Address)

Altamonte Springs, FL. 32714

(City/ State and Zip Code)

FocusJH@yahoo.com

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

For further information concerning this matter, please call:

Julie Henry

(Name of Contact Person)

at ( 407 ) 454-4117

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2009

JULIE HENRY  
434 N MEANDER DR  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: CONNECTIONS OUTREACH, INC.  
Ref. Number: N08000004716

We have received your document for CONNECTIONS OUTREACH, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 909A00032641



We have chosen not to change the name of the agency. Please file our Articles of Amendment (with the other changes). We have submitted a check (which cleared) in the amount of \$43.75 (filing fee + certificate of status).

Thank you, Ann Lunnino

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314 + Julie H

Articles of Amendment  
to  
Articles of Incorporation  
of

Connections Outreach, Inc.

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

N08000004716

(Document Number of Corporation (if known))

APPROVED  
AND  
FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**)

30 Skyline Dr #209

Lake Mary, FL. 32746

**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

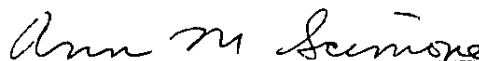
(City)

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

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>S</u>	<u>Julie Henry</u>	<u>434 N Meander Dr</u> <u>Altamonte, FL 32714</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>T</u>	<u>Mike Henry</u>	<u>434 N Meander Dr</u> <u>Altamonte, FL 32714</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>T</u>	<u>John Scimone</u>	<u>631 Young Place</u> <u>Lakeland, FL 33803</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Add Mike Henry as Secretary. Address: 434 N. Meander Dr Altamonte, FL. 32714

The date of each amendment(s) adoption: 11/27/09  
(date of adoption is required)

Effective date if applicable: 11/27/09  
(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 11/27/09

Signature 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)

Ann M Scimone  
(Typed or printed name of person signing)

President  
(Title of person signing)