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Amend Russ 10.4.12

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Osceola	Developmental Ce	nter, Inc
DOCUMENT NUMBER: 001		
The enclosed Articles of Amendment and fee are sub-	omitted for filing.	
Please return all correspondence concerning this matter		
Carlos Rodriguez (P)		
	(Name of Contact Person)	
Osceola Developmental	Center, Inc	
	(Firm/ Company)	
1627 E. Vine St. Suite 1:	26	
	(Address)	
Kissimmee, fl 34744		
	(City/ State and Zip Code)	
odcfl@yahoo.con		
·	d for future annual report notification)	
For further information concerning this matter, please	e call:	
Carlos Rodriguez	at (407 ) 350-	5964
(Name of Contact Person)	(Area Code & Daytimo	Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State	2:
□ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status		e of Status Copy al Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	er Circle

## Articles of Amendment to Articles of Incorporation of



## Osceola Developmental Center, Inc

(Name of Corporation as currently filed with the Flo	orida Dent. of State)	
(Name of Corporation as currently fried with the Fig.	mua Dept. of State)	
(Document Number of Corpor	ration (if known)	
endment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the follo	
If amending name, enter the new name of the corporat		
ne must be distinguishable and contain the word "corpora ompany" or "Co." may not be used in the name.	The ution" or "incorporated" or the abbreviation "Corp." or "la	
Enter new principal office address, if applicable:	1627 E. Vine Street	
rincipal office address MUST BE A STREET ADDRESS	Suite 126	
	Kissimmee, fl 34744	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 702193	
	St. Cloud, fl 34770	
If amending the registered agent and/or registered offinew registered agent and/or the new registered office a Name of New Registered Agent:		
ew Registered Office Address:	(Florida street address)	
	, Florida	
(City)	(Zip Code)	
w Registered Agent's Signature, if changing Registered accept the appointment as registered agent. I am fa		
Signature of New Regi:	stered Agent, if changing	

Page 1 of 4

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	V Mik	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Alby Juarve	1637 E Vine st suite 126
Add			Kissimmee, fl 34744
X Remove			
2) Change	D	Russell B. Hottenstain	1637 E Vine st suite 126
Add			Kissimmee, fl 34744
X Remove			
3 ) Change	<u>D</u>	Luz Sanchez	1637 E Vine st suite 126
X Add			Kissimmee, fl 34744
Remove			
4) Change	D	Melissa Silva	1637 E Vine st suite 126
Add			Kissimmee, fl 34744
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
n/a	

The date of each amo	endment(s) adoption: 10/01/2012
Effective date if appl	icable: 10/01/2012
Effective date <u>in appr</u>	(no more than 90 days after amendment file date)
Adoption of Amenda	nent(s) ( <u>CHECK ONE</u> )
The amendment( was/were sufficient	s) was/were adopted by the members and the number of votes cast for the amendment(s) ent for approval.
	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Dated Signatur	09/28/12
O grada	(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)
C	arlos Rodriguez
	(Typed or printed name of person signing)
Pr	esident/Director
	(Title of person signing)