

N0800000 7729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

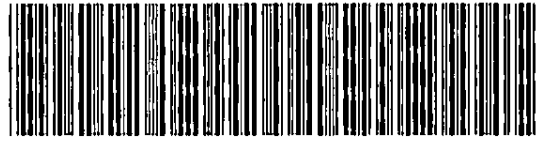
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800323831608

01/31/19--01011--013 **35.00

FILED
2019 FEB 18 PM 1:55

*Amend
Nianuch*

FEB 18 2019
I ALBRITTON

COVER LETTER

FD: Amendment Section
Division of Corporations

NAME OF CORPORATION: KIDS N MORE COUNSELING AND BEHAVIORAL CENTER, INC

DOCUMENT NUMBER: NO8 000007729

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

Please return all correspondence concerning this matter to the following:

Desiree Corbey Jones
(Name of Contact Person)

Step-by-Step 4help Foundation, Inc.
(Name of Company)

P.O. Box 26142
(Address)

Jax, FL 32226
(City/ State and Zip Code)

Stepbystepfoundation4help@gmail.com
(E-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

Desiree Corbey Jones at 904-408-9288
(Name of Contact Person) (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

February 7, 2019

DESIREE CORLEY JONES
P.O. BOX 26142
JACKSONVILLE, FL 32226

SUBJECT: KIDS N MORE COUNSELING AND BEHAVIORAL CENTER INC.
Ref. Number: N08000007729

We have received your document for KIDS N MORE COUNSELING AND BEHAVIORAL CENTER INC. and your check(s) totaling \$35.00. 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.

The document number of the name conflict is N04000009305 - STEP BY STEP FOUNDATION INC.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 419A00002711

Articles of Amendment
to
Articles of Incorporation
of

KIDS N MORE COUNSELLING AND BEHAVIOR CENTER, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO 8 00000 7729
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendments to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Step-by-Step 4 help Foundation, Inc.
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)

N/A Same: 3842 Dexter Dr. N.
Jacksonville, FL 32218

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A - Same: P.O. Box
26142
Jax, FL 32226

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:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(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.

* NEW EIN# 83-3267232
change 80-0241651
FROM EIN#

Signature of New Registered Agent, if changing

To EIN# 83-3267232 Page 1 of 4

FILED
2019 FEB 18 PM 1:55
MARTIN COUNTY CLERK'S OFFICE
JACKSONVILLE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Thomas V. Jones</u>	<u>3842 Dexter Dr. N.</u> <u>Jacksonville, FL</u> <u>32218</u>
		<u>Currently Thomas V. Jones is listed as the Vice-President. There is a change. Thomas V. Jones left the Corporation.</u>	
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		<u>N/A</u>	

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: ~~N/A~~ 1/28/19, if other than the date this document was signed.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 1/28/19

Signature *Desiree Cortey Jones*
(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)

Desiree Cortey Jones
(Typed or printed name of person signing)

President
(Title of person signing)