

N090000000975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

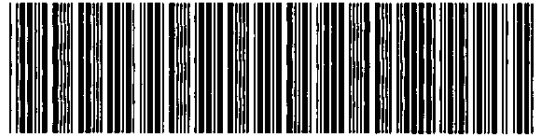
(Business Entity Name)

(Document Number)

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07/02/09--01021--015 **35.00

Amend

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 17 PM 12:27

T Roberts 7/17/2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2009

HELEN D. EZELL
THE AUTISM EDUCATION CENTER, INC.
3108 W. 23RD STREET
PANAMA CITY, FL 32401

SUBJECT: AUTISM EDUCATION CENTER INC
Ref. Number: N09000000975

We have received your document for AUTISM EDUCATION 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):

Please show the name of the corporation above on page #1 in the space provided.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

✓ If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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. *done* *Sorry!*

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 609A00023266

RECEIVED
2009 JUL 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Autism Education Center, Inc.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Helen D. Ezell, President

(Name of Contact Person)

The Autism Education Center, Inc.

(Firm/ Company)

3108 W. 23rd Street

(Address)

Panama City, FL., 32401

(City/ State and Zip Code)

beachnurse@comcast.net

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

For further information concerning this matter, please call:

Helen D. Ezell

(Name of Contact Person)

at (850) 628 - 1429

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL 17 PM 12: 27

Autism Education Center Inc

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

(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 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)

3108 W. 23rd Street

Panama City, FL., 32401

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3108 W. 23rd Street

Panama City, FL., 32401

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:

New Registered Office Address:

(Florida street 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.

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>
<u>Mr</u>	<u>Paul Morson</u>	<u>2614 Tembrock drive</u>	<input checked="" type="checkbox"/> Add
	<u>Chief of Operations.</u>	<u>Panama City</u>	<input type="checkbox"/> Remove
		<u>Florida 32405</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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

Article IX. This organization is organized exclusively for charitable, religious, educational,
and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or
corresponding section of any future federal tax code.

Article X. Upon dissolution of this organization, assets shall be distributed for one or more
exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code,
or corresponding section of any future federal tax code, or shall be distributed to the
federal government, or to a state or local government, for a public purpose.

The date of each amendment(s) adoption: 22 June 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 29 June 2009

Signature _____

(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)

Helen D. Ezell

(Typed or printed name of person signing)

President

(Title of person signing)