





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2014

JARET L VOGEL  
4673 BRADY BLVD.  
DELRAY BEACH, FL 33445

SUBJECT: SPECIAL NEEDS TAX CREDIT ALLIANCE, INC.  
Ref. Number: N09000004453

We have received your document for SPECIAL NEEDS TAX CREDIT ALLIANCE, 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 614A00001072

RECEIVED  
14 FEB 10 AM 8:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Special Needs Tax Credit Alliance, Inc.

DOCUMENT NUMBER: N 09 0000 4453

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

Please return all correspondence concerning this matter to the following:

JARET L. VOGEL

(Name of Contact Person)

SPECIAL NEEDS TAX CREDIT ALLIANCE, INC.

(Firm/ Company)

4673 BRADY BOULEVARD

(Address)

DELRAY BEACH, FL 33445

(City/ State and Zip Code)

JARET L VOGEL @ aol. com

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

For further information concerning this matter, please call:

JARET VOGEL

(Name of Contact Person)

at ( 561 ) 239-0054

(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)

*previously received*

**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

FILED

Articles of Amendment  
to  
Articles of Incorporation  
of

14 FEB 10 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SPECIAL NEEDS TAX CREDIT CREDIT ALLIANCE, INC.

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

NO9 00000 7453

(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)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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)

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>

Type of Action  
(Check One)

Title

Name

Address

- |  |            |                          |   |
|--|------------|--------------------------|---|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>MR</u>  | <u>MICHAEL D. MANLEY</u> | <u>6736 OLD FARM TRAIL</u><br><u>BOYNTON BEACH, FL</u><br><u>33437</u>                |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>MR</u>  | <u>JON SAHH</u>          | <u>240 W. Palmetto Park Road</u><br><u>Suite 320 B</u><br><u>BOCA RATON, FL 33432</u> |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>MR.</u> | <u>LOUIS JERRY COH</u>   | <u>6635 W. Commercial Blvd</u><br><u>Suite 214</u><br><u>TAMARAC, FL 33319-2141</u>   |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____      | _____                    | _____<br>_____<br>_____   |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____      | _____                    | _____<br>_____<br>_____   |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____      | _____                    | _____<br>_____<br>_____   |

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

[illegible]

The date of each amendment(s) adoption: February 4, 2014, if other than the date this document was signed.

Effective date if applicable: February 4, 2014  
(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 02/04/2014

Signature Jared L. Vogel, Director

(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)

JARED L. VOGEL  
(Typed or printed name of person signing)

DIRECTOR  
(Title of person signing)