## ND9000005339

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Emerald Coas	st Autism Center, Inc.	
DOCUMENT NUMB	ER: N090000005339		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Jennifer	H. Copus, Esq.	
	(Name of	Contact Person)	
	Copus	& Copus, P.A.	
	(Firm	n/ Company)	
	1817 Lewis Turi	ner Boulevard, Suite E	
		Address)	
	Fort Walton	Beach, FL 32547	
<del></del>	·	te and Zip Code)	
		Ocopuslaw.com  d for future annual report notific	ation)
For further information	concerning this matter, pleas	e call:	
Jenniter H. Copus,	Esq.	at ( <u>850</u> ) <u>862-143</u> (Area Code & Dayti	33
(Name o	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for	the following amount made p	payable to the Florida Departmen	t 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)
Amend Divisio P.O. Bo	g Address iment Section on of Corporations ox 6327 ussee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Emerald Coas	st Autism Center Inc	tate)
(Name of Corporation as curre	ently filed with the Florida Dept. of S	state)
N090	000005339	
(Document Num	nber of Corporation (if known)	
cursuant to the provisions of section 617.1006, ne following amendment(s) to its Articles of In		Profit Corporation a
. If amending name, enter the new name of	f the corporation:	
he new name must be distinguishable and co bbreviation "Corp." or "Inc." <u>"Company" o</u>		acorporated" or the
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
	<u></u>	
Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)		
). If amending the registered agent and/or r		nter the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
	•	•

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>	Name	Address	Type of Action
D	Kelly Pearson	200 North Partin Drive Niceville, Florida 32578	☐ Add ☑ Remove
<u>_</u>	<del>-</del>		
E. If amend (attach ad	ing or adding additional Articles Iditional sheets, if necessary). (B	, enter change(s) here: e specific)	

The date of each amendmen	t(s) adoption: 09	9/28/2010
Effective date <u>if applicable</u> :	09/28/2010	(date of adoption is required)
	(no mor	e than 90 days after amendment file date)
Adoption of Amendment(s)	(СН	ECK ONE)
The amendment(s) was/we was/were sufficient for app		members and the number of votes cast for the amendment(s)
There are no members or adopted by the board of di		to vote on the amendment(s). The amendment(s) was/were
		vice chairman of the board, president or other officer-if directors ed, by an incorporator – if in the hands of a receiver, trustee, or
		I fiduciary by that fiduciary)
		Staci Berryman
	(Тур	ped or printed name of person signing)
		Executive Director
		(Title of person signing)

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