

NO9000009138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

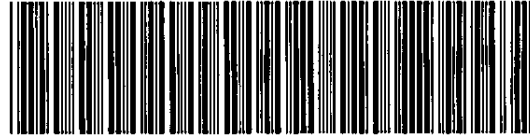
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

ARM
2-13-15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Treasure Coast Autism Project Inc

DOCUMENT NUMBER: NO9000009138

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

Please return all correspondence concerning this matter to the following:

Sarah Miller

(Name of Contact Person)

Treasure Coast Autism Project Inc

(Firm/ Company)

5667 SE Crooked Oak Ave #108

(Address)

Hobe Sound, FL 33455

(City/ State and Zip Code)

tcap2015@gmail.com

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

For further information concerning this matter, please call:

Sarah Miller

(Name of Contact Person)

at (772) 200-7531

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Treasure Coast Autism Project Inc

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TALLAHASSEE, FLORIDA

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:

<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
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>EXD</u> | <u>Lisa Rankin</u> | <u>2899 SE Italy St</u>
<u>Port St Lucie, FL 34952</u> |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>TREA</u> | <u>Genevieve E. George</u> | <u>P.O. Box 102</u>
<u>Palm City, FL 34991</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>Sarah Miller</u> | <u>5667 SE Crooked Oak Ave #108</u>
<u>Hobe Sound, FL 33455</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>V</u> | <u>Jessica Bosch</u> | <u>5667 SE Crooked Oak Ave #108</u>
<u>Hobe Sound, FL 33455</u> |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>Kim Ruperto</u> | <u>5667 SE Crooked Oak Ave #108</u>
<u>Hobe Sound, FL 33455</u> |
| 6) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>T</u> | <u>Veronica P. Pakuris</u> | <u>5667 SE Crooked Oak Ave #108</u>
<u>Hobe Sound, FL 33455</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: _____, if other than the date this document was signed.

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 2/6/15

Signature Sarah Miller
(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)

Sarah Miller
(Typed or printed name of person signing)

president
(Title of person signing)