## N09000009138

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(Address)
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(City/State/Zip/Phone #)
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(business Entity Name)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Treasure	Coast Au	Hism Project Ir	nc
DOCUMENT NUMBER: NO 900000	9138	= = = = = = = = = = = = = = = = = = = =	<del>.</del>
The enclosed Articles of Amendment and fee are submit	itted for filing.	حد الماريخ الماريخ	5 FE
Please return all correspondence concerning this matter	to the following:	े के किया है। जिल्ला	3 - 9 - 9
Sarah Miller		ूर १७ १७	HA PR
(	Name of Contact Person	)	<del>-</del> 31 -
Treasure Coast Autism	n Project - (Firm/Company)	Inc	ROALE 12
5667 SE Crooked	(Address)		_
Hobe Sound, FL 33	3 455 City/ State and Zip Code	······································	_
+ Cap 2015 (a) E-mail address: (to be used to			
For further information concerning this matter, please c.	all:		
Sarah Miller (Name of Contact Person)	at ( <u>777</u> (Area Co		
Enclosed is a check for the following amount made pay	able to the Florida Depa	rtment of State:	
\$35 Filing Fee \$2 Certificate of Status	·	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address		Address	
Amendment Section Division of Corporations		ment Section n of Corporations	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment	15 FI	
to	A. B	********
Articles of Incorporation of	1555 1555 1555	To served
Treasure Coast Autism Project Inc	PAR PR	Y 1
(Name of Corporation as currently filed with the Florida Dept. of State)	<u> </u>	U
N09000009138	1: 12 STATE LORID	
(Document Number of Corporation (if known)	77	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> additionant(s) to its Articles of Incorporation:	pts the following	
A. If amending name, enter the new name of the corporation:		
	The area area.	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Company" or "Co." may not be used in the name.	The new Corp." or "Inc."	
511.7 Cr. Co. Ked A.	V Duo A	118
Deingingloffing address MIICT DE A CTDEET ADDDECC) 1		140
Hohe Sound, FL 334!	55	
	<del></del>	
Enter new mailing address, if applicable:	۸۰.	14.100
(Mailing address MAY BE A POST OFFICE BOX)  Senter new mailing address, it applicable:  (Mailing address MAY BE A POST OFFICE BOX)  56007 SE Crooked O	ak_HVC	#108
Hope Sound, FL 334	156	
The porture of the state of the		
	<del></del>	
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: Sarah Miller		
578 Sw Hidden River Ave		
(Florida street address)		
New Registered Office Address:		
Yalm City, Florida 349	90	
	ip Code)	
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the po	sition.	
(arah Thillu		
Gignature of New Registered Agent, if changing		

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: XChange X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	EXD	Lisa Rankin	2899 SE Italy St Port St Lucie, FL 34952
2) Change Add	TREA	Genevieve E. George	P.O. Box 102 Palm City, FL 34991
Remove  3 ) Change Add Remove	ρ	Sarah Hiller	Slob 7 SE Crooked Oak Ave #10 Hobe Sound, FL 33455
4) Change Add Remove	<u></u>	Jessica Bosch	5607 SE Crooked Oak Ave #108 Hobe Sound, FL 33455
5) Change Add Remove	5_	Kim Ruperto	Hobe Sound, FL 33455
6) Change Add Remove	I	Veronica P. Pakuris	5667 SE Croxed Oak Ave # 108 Hobe Sound, FL 33455

E. If amending or adding additional Articles, enter change(s) here:			
(attach additional sheets, if necessary).	(Be specific)		
NA			
•			
_	•		
	<del> </del>		

	te date of each amendment(s) adoption:te this document was signed.		, if other than the
	fective date if applicable:		
		90 days after amendment file date)	··········
Ada	doption of Amendment(s) (CHECK ON	NE)	
	The amendment(s) was/were adopted by the member was/were sufficient for approval.	rs and the number of votes cast for the amendment(s)	
ď	There are no members or members entitled to vote o adopted by the board of directors.	in the amendment(s). The amendment(s) was/were	
	Dated 2/10/15	<del>/</del>	
	Signature Sarah 7 hull	w	
		n of the board, president or other officer-if directors corporator - if in the hands of a receiver, trustee, or by that fiduciary)	
	Sarah Mill	er	
	(Typed or printed na	ame of person signing)	
	president		
	(Title of p	person signing)	