N09000011072

| (Daywatala Nava) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| Certified Copies |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE ALLAHASSEE, FIORIDE

Amend

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APP 3 n onto

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | DRATION: HOPE ACADE | EMY FOR AUTISM ON | THE EMERALD |
|------------------------|--|---|---|
| DOCUMENT NUM | 1BER: N09000011072 | | |
| The enclosed Article | es of Amendment and fee are sub | omitted for filing. | |
| Please return all corr | respondence concerning this mat | ter to the following: | |
| | | Ira Hastings | |
| | (Name of | Contact Person) | |
| | Hope Academy for Auti | sm on the Emerald Coast, | Inc. |
| - | (Firn | n/ Company) | |
| | 8555 (| Corbin Court | |
| ************ | | Address) | |
| | | | |
| | | re, FL 32566 | |
| | (City/ Sta | te and Zip Code) | |
| | sandyhastir | ngs@earthlink.net | |
| | E-mail address: (to be use | ed for future annual report notifi | cation) |
| For further informati | ion concerning this matter, pleas | e call: | |
| Sandra Hastings | | at (850) 723-31 | 86 |
| | e of Contact Person) | | ime Telephone Number) |
| Enclosed is a check | for the following amount made p | payable to the Florida Departme | nt 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) |
| | ling Address | Street Address | , |
| | endment Section sion of Corporations | Amendment Section Division of Corporat | |
| P.O. Box 6327 | | Clifton Building | |
| Tallahassee, FL 32314 | | 2661 Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

| | ON THE EMERALD COAST, INC. | | | | |
|---|--|----|--|--|--|
| (Name of Corporation as currently file | led with the Florida Dept. of State) | | | | |
| N09000011072 | | | | | |
| (Document Number of C | Corporation (if known) | | | | |
| Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorporate | Statutes, this <i>Florida Not For Profit Corporation</i> adoptation: | ts | | | |
| A. If amending name, enter the new name of the cor | rporation: | | | | |
| | | | | | |
| The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." | • | | | | |
| B. Enter new principal office address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADDI | Gulf Breeze, FL 32563 | | | | |
| | | پد | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | E SECRETARIA 2 | 有一 | | | |
| | SSEE. PA | ED | | | |
| 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) | | | | |
| | , 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|------------------------|--|----------------------------|---------------------------------------|
| | | | ☐ Add ☐ Remove |
| | | | LI Kelliove |
| | · · · · · · · · · · · · · · · · · · · | | ☐ Add ☐ Remove |
| | ************************************** | | Add Remove |
| | | | |
| E. If amend (attach ad | ing or adding additional Articles, enter ditional sheets, if necessary). (Be spec | r change(s) here: ific) | |
| See attach | ned | | |
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| The date of each amendment(s) adoption: February 17, 2010 | | | | | |
|---|--|--|--|--|--|
| Effective date <u>if applicable</u> : | (s) adoption: (date of adoption is required) February 17, 2010 | | | | |
| (no more than 90 days after amendment file date) | | | | | |
| Adoption of Amendment(s) | (CHECK ONE) | | | | |
| The amendment(s) was/we was/were sufficient for app | ere adopted by the members and the number of votes cast for the amendment(s) proval. | | | | |
| There are no members or adopted by the board of di | members entitled to vote on the amendment(s). The amendment(s) was/were rectors. | | | | |
| Dated | 4/19/2070 | | | | |
| Signature | Sandra D Hasting | | | | |
| (Bj ha | the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary) | | | | |
| | Sandra D. Hastings | | | | |
| | (Typed or printed name of person signing) | | | | |
| | President | | | | |
| | (Title of person signing) | | | | |

Page 3 of 3

ARTICLE I NAME

The name of the corporation shall be:
HOPE Academy for Autism on the Emerald Coast, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 5613 Gulf Breeze Parkway Gulf Breeze, FL 32566

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To establish and provide educational and ancillary services to children with autism

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: As provided for in the By-Laws

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s): Sandra D. Hastings - President

8555 Corbin Court

Navarre, FL 32566

David Triana - Vice-President

2210 Gozo Court

Navarre, FL 32566

Jacqueline Hislop - Treasurer

P.O. Box 5878

Navarre, FL 32566

Cynthia Pound - Secretary

208 Navarre Street

Gulf Breeze, FL 32561

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Sandra D. Hastings - President

8555 Corbin Court

Navarre, FL 32566

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Sandra D. Hastings - President

8555 Corbin Court

Navarre, FL 32566

ARTICLE VIII DISSOLUTION - amended Ferbuary 17, 2010

Upon the 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.

| ******* |
|--|
| |
| tated corporation at the place istered agent and agree to act |
| 4/19/10 |
| Date |
| 4/19/10 Date |
| |