N0900011072

(Requestor's Name)		
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Hope Academy for Autism on the Emerald Coast, Inc			
DOCUMENT NU	MBER: N09000011072		
The enclosed Artic	cles of Amendment and fee are subr	nitted for filing.	
Please return all co	orrespondence concerning this matte	er to the following:	
	Sandra	D. Hastings	
	(Name of C	Contact Person)	
	Hope Academy for Autis	m on the Emerald Coast, I	nc
	(Firm/	Company)	
	8555 C	orbin Court	
	(A	ddress)	
	Navarre	e, FL 32566	
(City/ State and Zip Code)			**************************************
	sandyhastin	gs@earthlink.net	
•=•	E-mail address: (to be used	for future annual report notifica	ation)
For further inform	ation concerning this matter, please	call:	
Sandra D. Has	tings	at (850) 723-318	6
(Na	me of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a chec	k for the following amount made pa	syable to the Florida Department	t of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Mailing Address Amendment Section		Street Address Amendment Section	
Division of Corporations		Division of Corporation	ons

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

Hope Academy for Autism on the (Name of Corporation as currently filed with				
N09000011072				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Pro</i>	fit Corporation adopts		
A. If amending name, enter the new name of the corporation	on:			
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	•	porated" or the		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		SECRETA SALLAHA		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8555 Corbin Court Navarre, FL 32566	ILED I 6 AM IO: OZ SSEE FLORIDA		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:		r the name of the		
Nume of New Registered Agent.		•		
New Registered Office Address: (Flor	ida street address)			
Character and Ch		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am position.		the obligations of the		
Signature of New	Registered Agent, if chan	ging		

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** ☐ Add ☐ Remove _____ 🗖 Add _____ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) See attached

Amended

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

HOPE Academy for Autism on the Emerald Coast, Inc.

ARTICLE II PRINCIPAL OFFICE - amended August 10, 2010

The principal street address: 5613 Gulf Breeze Parkway Gulf Breeze, FL 32563

The principal mailing address:

8555 Corbin Court

Navarre, FL 32566

ARTICLE III PURPOSE - amended August 10, 2010

The purpose for which the corporation is organized exclusively for charitable, religious, educational, and scientific purposes under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code; and 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.

government, or to a state or local government, for a public purpose.	
*******************	******
****	ation at the place
Having been named as registered agent to accept service of process for the above stated corpor designated in this certificate, I am familiar with and accept the appointment as registered agen in this capacity.	
Signature/Registered Agent	8-10-10 Date
Landra D. Harthyz Signature/Incorporator	8-/0-/0 Date

The date of each amendmen	t(s) adoption: August 10, 2010
Effective date <u>if applicable</u> :	(date of adoption is required) August 10, 2010 (no more than 90 days after amendment file date)
	(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	are 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	8-10-10
Signature _	Landia D. Hasting the chairman or vice chairman of the board, president or other officer-if directors
hav	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Sandra D. Hastings (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)