## N1000003595

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DEPARTMENT OF STATE DIVISION OF CORPORATIONS TAREFAHASSEE, FLORIDA

TIL MO

A LAY 10

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

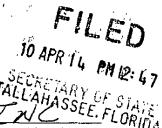
Tallahassee, FL 32314

	*	•	
NAME OF CORPO	DRATION: The LA	st Chance NoOT	NC
DOCUMENT NUM	IBER: <u>H 100000</u>	53595	· · · · · · · · · · · · · · · · · · ·
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Jolian 2 (Name o	Craham f Contact Person)	
	The Last C	Chance Now I	NC
	769 Eagle V		
	TA //Ahassee	2 Flordin 36 ate And Zip Code)	231
5		od for future annual report notificati	
For further information	on concerning this matter, pleas	se call:	
Jolian (Name	of Contact Person)	at ( <u>850</u> ) <u>320</u> (Area Code & Daytime	-2786 Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Department o	f 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)
Amer	ing Address adment Section ion of Corporations	Street Address  Amendment Section Division of Corporations	·

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to



	Articles of Incorporation	SECKETAN PM 12: 47
	of	TAIL NETARY CO.
The Last a	hance Now	TALLAHASSEE, FLORIDA
	s currently filed with the Flor	rida Dept. of State)
N 10000003		·
	of Corporation (if k	nown)
	·	,
ursuant to the provisions of section 617 to first amendment(s) to its Article	.1006, Florida Statutes, this <i>Fl</i> . es of Incorporation:	<i>orida Not For Profit Corporation</i> ado
. If amending name, enter the new n	ame of the corporation:	
. 7 . 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
ne new name must be distinguishable obreviation "Corp." or "Inc." <u>"Comp</u>		
Enter new principal office address,	if applicable:	
Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	
	•	
Enter new mailing address, if appl	icable:	
(Mailing address MAY BE A POST		
	<del></del>	
If amending the registered agent an	nd/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new	w registered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida stree	et address)
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	(City)	, Florida (Zip Code)
		(Zip Coue)
w Registered Agent's Signature, if c		and the second
tereny accept the appointment as rea	istered agent. I am familiar	with and accept the obligations of

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
			_ □ Add □ Remove
			_ □ Add □ Remove
ex clu edu ca  port	sively for char tional purpose in DOSES the making ization that Qua ization under S internal Revenue	oration is or citable, religion on cluding for s a of distribution alify as exem section 501 (c) code or the	ens to
	,		

The date of each amendment(s) adoption: 4-14-10
Effective date if applicable: 4-14-10
(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.
Signature  (By the chairman of 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)
(Typed or printed name of person signing)
Dresident (Title of person signing)

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