N1000005476

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INISION OF CURPORATION TALLANASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: PolicyWorks, I	nc.		
DOCUMENT NUMB	er: N10000005476			
The enclosed Articles of	of Amendment and fee are sub	mitted for	r filing.	
Please return all corres	pondence concerning this matt	ter to the t	following:	
		ara A. B		
	(Name of	Contact I	Person)	
	Policy	yWorks,	Inc.	
	(Firm	/ Compar	ny)	
	4220 Natu	ral Bridg	ge Road	
	(A	Address)		
	Tallahasse	e, Floric	la 32305	
	(City/ Stat	te and Zip	Code)	
	barbara@a E-mail address: (to be used			ification)
For further information	concerning this matter, please	e call:		
Barbara A. Butz		at (_	850) 421-6	6605
(Name o	f Contact Person)		(Area Code & Da	ytime Telephone Number)
Enclosed is a check for	the following amount made pa	ayable to	the Florida Departn	nent of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & fied Copy itional copy is osed)	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	z Address ment Section n of Corporations ox 6327 ssee, FL 32314		Street Address Amendment Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

PolicyWorks,Inc.

(Name of Corporation as currently filed with the Florida

N10000005476

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

		"in source d" on the
The new name must be distinguishable and c Subbreviation "Corp." or "Inc." <u>"Company" (</u>		
3. Enter new principal office address, if apprincipal office address <u>MUST BE A STRE</u>		
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
. If amending the registered agent and/or new registered agent and/or the new reg	·	a, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida (Zip Code)

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

			ficer and/or Director be	ing added:
	ditional sheets, if neces			
<u>Title</u>	<u>Name</u>		Address	Type of Action
	nding or adding addit additional sheets, if ne			
Article III	shall be amended	to read. The c	orporation is organize	ed as a charitable
organiza	tion for the purpose	e of improving t	he lives, economic sit	tuations and inclusion of
individua	ils with disabilities i	n all aspects of	community living.	
	<u> </u>	Trail dopodio o.	community wings	
A new Ar	ticle IV shall be ad	ded to read: Up	on the dissolution of	the corporation, assets sha
be distrib	outed for one or mo	re exempt purp	oses within the mean	ning of Section 501 (c)(3)
of the Int	ernal Revenue Cod	de, or correspoi	nding section of any f	uture federal tax code, or
shall be	distributed to the fe	deral governme	ent, or to a state or lo	cal government, for a public
purpose.				
Articles I	V shall be amende	d to become Ar	ticle V, Article VI shal	Il be amended to become
	II and Article VIII sh			
			-	
				-
 -				

The date of each amendmen	nt(s) adoption: May 30, 2011	
Effective date <u>if applicable</u> :	(date of adoption is required)	
	(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 proval.	the amendment(s)
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendmenters.	nent(s) was/were
Dated_Jun Signature_	Britaa But	
(By	y the chairman or vice chairman of the board, president or of we not been selected, by an incorporator – if in the hands of her court appointed fiduciary by that fiduciary)	her officer-if directors f a receiver, trustee, or
	Barbara A. Butz	
	(Typed or printed name of person signing)	
	President	<u></u>
	(Title of person signing)	

Page 3 of 3