

N100000009009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

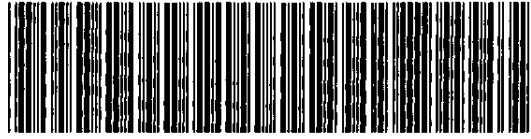
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200207654082

05/17/11--01016--003 \*\*52.50

Amend

FILED  
11 MAY 17 PM 12:29  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Autism 4 Parents, Inc.

**DOCUMENT NUMBER:** N10000009009

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terry L Stein

(Name of Contact Person)

Autism 4 Parents, Inc.

(Firm/ Company)

16420 SE 9th Ct

(Address)

Summerfield, Fl. 34491

(City/ State and Zip Code)

tstein@autism4parents.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry L Stein

(Name of Contact Person)

at ( 352 ) 245-8476

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

**Mailing Address**

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

**Street Address**

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

Articles of Amendment  
to  
Articles of Incorporation  
of

AUTISM 4 PARENTS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

FILED  
11 MAY 17 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." **"Company" or "Co." may not be used in the name.***

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**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>	<u>Address</u>	<u>Type of Action</u>
Sec.	Sarah Stein	16420 SE 9th Ct Summerfield, FL 34491	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Community Sibling Liaison	Sarah Stein	16420 SE 9th Ct Summerfield, FL 34491	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Director of Bruster's Buddies & Autism	Jason Purgason CPDT - KA CDT, APDT	145 Foxfield Drive Harmony, NC 28634	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

- a. Said organization is organized and shall be operated exclusively for charitable, religious, educational, and/or scientific purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
- b. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purpose set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization except from federal income tax under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by any organization, contributions to which are deductible under section 170 (c) (2) of

Continuing:

The Internal Revenue Code, or corresponding section of any future federal tax code.

(c) Upon the dissolution of the organization, assets shall be distributed for one or more except purposes within the meaning of section 501 ( c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government , or to the state or local government, for public purpose.

**Continued**

**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>	<u>Address</u>	<u>Type of Action</u>
Sensory Education Liaison	<u>Laurel Baxla (Pediatric OT)</u>	<u>425 SW 14th Street</u>	<input checked="" type="checkbox"/> Add
		<u>Ocala, FL 34474</u>	<input type="checkbox"/> Remove
Sec. Community Relations Liaison	<u>Tina Perez - Morton (RN)</u>	<u>2705 SE 157th Lane Road</u>	<input checked="" type="checkbox"/> Add
		<u>Summerfield, FL 34491</u>	<input type="checkbox"/> Remove
	<u>Dr. Richard Norman</u>	<u>8002 Gunn Hwy</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		<u>Tampa, FL 33626</u>	

\_\_\_\_\_ here:

\_\_\_\_\_


Title	Name	Address	Action
Marketing (D)	Catheryn Johnson	↓ 4703 NW 53rd Ave Suite D4 Gainesville, FL 32653	<input checked="" type="checkbox"/> Add

The date of each amendment(s) adoption: May 3, 2011  
(date of adoption is required)  
Effective date if applicable: May 4, 2011  
(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.

Dated May 3, 2011

Signature   
(By the chairman or 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)

Terry L. Stein  
(Typed or printed name of person signing)

President  
(Title of person signing)