

N100000009023

(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



600188157816

12/09/10--01009--018 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN - 6 PM 3:47

Amend
@ 1/6/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EBA for Autism Inc

DOCUMENT NUMBER: 010000009023

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

Please return all correspondence concerning this matter to the following:

Linda Lynn
(Name of Contact Person)

EBA for Autism Inc
(Firm/ Company)

204 Citrus Av
(Address)

Nokomis Fl 34275
(City/ State and Zip Code)

ti Ebaforautism@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Lynn at (941) 244-0090
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2010

LINDA LYNN
EBA FOR AUTISM INC.
204 CITRUS AVE
NOKOMIS, FL 34275

SUBJECT: EBA FOR AUTISM INC.
Ref. Number: N10000009023

We have received your document for EBA FOR AUTISM INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 410A00028696

RECEIVED
11 JAN - 6 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EBA For Autism Inc.

N10000009023

Page 1 of 3

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 JAN - 6 PM 3:47

If amending the Officers and/or Directors, enter the title and name of each officer/director 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</u>	<u>Action</u>
V President	Shari Canallo	2500 Regatta Dr Sarasota FL 34281	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
V President	Patrick J Lynn	204 Citrus Ave Nokomis FL 34275	<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Remove
			<input 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)

[illegible]

The date of each amendment(s) adoption: 12-23-10
(date of adoption is required)
Effective date if applicable: 12-23-10
(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.

Dated 12-23-10

Signature Linda J. Lynn
(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)

Linda Lynn
(Typed or printed name of person signing)

President
(Title of person signing)