N10000000003

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11 JAN -6 PH 3: 47

FILED SIALE SECRETARY OF SIALE DIVISION OF CORPORATIONS

Amenda

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EBA Fur	Autism Inc	
DOCUMENT NUMBER: <u>N 100000</u>	29025	* 14 (\$25) (\$1 (\$25)
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	;
Linda Lynn		
Linda Lynn (Name of	Contact Person)	 .
EBA for Autism	Inc	
(Firm	Company)	
204 Citros Au	.ddress)	
(A	(ddress)	
Nokomis Fl 34 (City/State	275	
(City/ Stat	e and Zip Code)	
ti Ebafor autismo E-mail address: (to be used	Yaho. Con Tool future annual report notification	on)
For further information concerning this matter, please	call:	
(Name of Contact Person)	at (941) 244-C	XX 0
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of	State.
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times \$\text{Certificate of Status}\$	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52,40 Filing Fee Certification Status Certifled Ogpy (Additional Conv is enclosed)
Mailing Address	Street Address	- Amhilian
Amendment Section	Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center C	ircle

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' AMII: 56

Articles of Amendment

to

Articles of Incorporation

(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:	is Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation:	· 🖳
	1 liso
The new name must be distinguishable and contain the word "cabbreviation "Corp." or "Inc." "Company" or "Co." may not be	
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
_	5
-	
C. Enter new mailing address, if applicable:	• • • • • • • • • • • • • • • • • • • •
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	स्टब्स्ट्र के स्टब्स्
-	7
	<u>सम्बद्धाराम्</u>
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the hour of the
new registered agent and/or the new registered office addre	ss:
Name of New Registered Agent: Patrick	-4UU
204 Cita	us Aug
<u> </u>	street address)
Nokomis	Florida 34275
	City) (Zin Cade)
	1 M. San ak
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am fan	nt:
position.	\
- Police AC	
Signature of New He	gistered Agent, if changing
Signature by New He	O
Page 1 of 3	

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>	Name	<u>Address</u>	Type w. actio
Provident	Shari Carallo	2500 Rocalta Savasota Al 342	Agg
Reisdort	Patrick I Lynn	204 Citrus Ace Mokamus Fl 342	<u>⊃</u>
			AHH
E. If amend	ling or adding additional Articles, en	ter change(s) here:	
(attach aa	lditional sheets, if necessary). (Be sp	ecific)	
-			protection of the
			And Signature
			Superior de la constant
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: (date of adoption is required) (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 content of th	
Adoption of Amendment(s) (no more than 90 days after amendment file date) (CHECK ONE)	
-	raints.
- · · · · · · · · · · · · · · · · · · ·	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for t	7
was/were sufficient for approval.	the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	ent(s) was/were
Dated 12-23-10	
Signature Rivide & Rynn	:
(By the chairman or vice chairman of the board, president or oth have not been selected, by an incorporator — if in the hands of other court appointed fiduciary by that fiduciary)	
Linda Lynn	
(Typed or printed name of person signing)	•
President (Title of person signing)	 ,