N11000002658

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Name)	
(Docu	ment Number)	
/	·	
Certified Copies	Certificates of	: Status
Special Instructions to Fil	ing Officer:	
L		

Office Use Only



100238334851

08/31/12--01009--001 **43.75

SERVE VALUE STATE

Amend

8EP 1 7 2012 T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Alliant Hun	nan Services of Florida, Inc			
DOCUMENT NUMBER: N1100000265				
The enclosed Articles of Amendment and fee are su	abmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Heather Rehberg				
	Name of Contact Person			
Alliant Human Se	ervices of Florida, Inc.			
	Firm/ Company			
1252 Curry Dell Lane				
	Address			
Merritt Island, FL	32952			
 	City/ State and Zip Code			
heather.rehberg@all	lanteen/ices org			
	sed for future annual report notification)			
is man auditos. (to be a	sea for fatale difficult report normountain)			
For further information concerning this matter, please	se call:			
Heather Rehberg				
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 \$\text{Certificate of Status}\$	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
•	• • • • • • • • • • • • • • • • • • •			
	_			
,				
□ \$35 Filing Fee & Certificate of Status Mailing Address	■\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed) Street Address			



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2012

HEATHER REHBERG ALLIANT HUMAN SERVICES OF FLORIDA 1252 CURRY DELL LANE MERRITT ISLAND, FL 32952

SUBJECT: ALLIANT HUMAN SERVICES OF FLORIDA INCORPORATED

Ref. Number: N11000002658

We have received your document for ALLIANT HUMAN SERVICES OF FLORIDA INCORPORATED and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Thelma Lewis
Document Specialist Supervisor

2.1

Letter Number: 912A00022408

Articles of Amendment to Articles of Incorporation of

\., \	01
Alliant Human Dervices	a of Florida Incorporated
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
NIIOOOO	1658 ±
(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporate	tion:
	_The new
name must be distinguishable and contain the word "corpora" ("Company" or "Co," may not be used in the name.	ntion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	, <u>5925 Imperial Parknoy</u> Suite 128
	Mulberry, Fl 33860
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5925 Imperial Parkway
(maining districts)	Suite 128
	SOUTH 180
	Hulberry, FC 33860
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	, Florida
(City	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appoinment as registered agent. I am for	l Agent: cmiliar with and accept the obligations of the position.
Signature of New Regi	stered Agent, if changing

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	David A. Wilcox	117 Pine Tree Lane
Add			Auburndale, FL 33823
X Remove			
2) Change	Р	Diana Busbin McCarley	274 Diamond Ridge Blvd
X Add			Auburndale, FL 33823
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)					
	·					<u>-</u>
		····				
						
,						
		.			<u></u> -	
	<u> </u>					
				. .		
	<u>.</u>					
	<u></u> .		<u> </u>		<u> </u>	
		··· <u>·</u> ····	·		·- <u>-</u> .	
		<u> </u>				
	··				<u> </u>	
					_	
		-				
			·			

	date of each amendment(s) adoption: Still 2 cetive date if applicable: (no more than 90 days after amendment file date)	
Ada	option of Amendment(s) (CHECK ONE)	
K	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. $G / I / I / I / I / I / I / I / I / I / $	
	Signature Veath Polls	
	(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)	
	How her Rehvera (Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	