

N11000002658

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 SEP 17 PM 2:41

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Amend

SEP 17 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Alliant Human Services of Florida, Inc

DOCUMENT NUMBER: N11000002658

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

Please return all correspondence concerning this matter to the following:

Heather Rehberg

Name of Contact Person

Alliant Human Services of Florida, Inc.

Firm/ Company

1252 Curry Dell Lane

Address

Merritt Island, FL 32952

City/ State and Zip Code

heather.rehberg@alliantservices.org

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

For further information concerning this matter, please call:

Heather Rehberg

Name of Contact Person

at (321) 480-9002

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

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

Letter Number: 912A00022408

RECEIVED
12 SEP 17 AM 11:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Alliant Human Services of Florida Incorporated
(Name of Corporation as currently filed with the Florida Dept. of State)

N11000002658

(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)

5925 Imperial Parkway
Suite 128
Mulberry, FL 33860

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5925 Imperial Parkway
Suite 128
Mulberry, FL 33860

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: _____

(Florida street address)

New Registered Office 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

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TALLAHASSEE, FLORIDA

[illegible]

The date of each amendment(s) adoption: 8/1/12
Effective date if applicable: 8/1/12
(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 9/13/12
Signature Heather Rehberg
(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)

Heather Rehberg
(Typed or printed name of person signing)
Treasurer
(Title of person signing)