

N110000002988

(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



200272175282

04/29/15--01025--003 **43.75

FILED STATE
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
2015 APR 29 PM 3:24

Amend/cus
@ 5.6.15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Aspire Relationship Center, Inc.

DOCUMENT NUMBER: N11000002988

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

Please return all correspondence concerning this matter to the following:

Kari L. Peters

(Name of Contact Person)

Aspire Relationship Center, Inc.

(Firm/ Company)

P.O. Box 44

(Address)

Lecanto, FL 34460

(City/ State and Zip Code)

kpeters@aspirerelationshipcenter.org

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

For further information concerning this matter, please call:

Donna Barker

502-727-2491

at

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR 29 PM 3:24

Articles of Amendment
to
Articles of Incorporation
of

Aspire Relationship Center, Inc.

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

N11000002988

(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:

Not Applicable

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**)

305 S. Salisbury Terrace

Lecanto, FL 34461

C. Enter new mailing address, if applicable:

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

Not Applicable

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:

Kari L. Peters

305 S. Salisbury Terrace

(Florida street address)

New Registered Office Address:

Lecanto

(City)

Florida 34461

(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.

Kari L. Peters

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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>PD</u>	<u>Donna G. Barker</u>	<u>P.O. Box 44</u>
<input type="checkbox"/> Add			<u>Lecanto, FL 34460</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>SD</u>	<u>Bonnie Hardiman-Pushec</u>	<u>P.O. Box 44</u>
<input checked="" type="checkbox"/> Add			<u>Lecanto, FL 34460</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<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)

ARTICLE III:

Section 1: This corporation is organized and operated exclusively for one or more of the following purposes:

Charitable, Educational, Scientific, and/or Religious. This includes the making of distributions to organizations that qualify as exempt organizations under Sec 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code. THE SPECIFIC PURPOSE IS TO SHARE THE LIFE CHANGING MESSAGE OF HEALTHY RELATIONSHIPS BY PROVIDING YOUTH WITH THE SKILLS AND ENCOURAGEMENT NEEDED TO AVOID RISKY BEHAVIOR AND MAKE HEALTHY CHOICES.

March 19, 2015

The date of each amendment(s) adoption: _____ if other than the date this document was signed.

March 19, 2015

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 4-22-2015

Signature Donna Barker
(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)

DONNA BARKER
(Typed or printed name of person signing)

President
(Title of person signing)