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2011 AUG 25 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APF
8/26/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NO CHILD LEFT BEHIND CORPERATIN .

DOCUMENT NUMBER: p11000071993

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

Please return all correspondence concerning this matter to the following:

Theresa M. Thorpe

(Name of Contact Person)

ALL ABOUT THE CHILDREN FOUNDATION INC

(Firm/ Company)

4400 W. SAMPLE ROAD SUITE#134

(Address)

COCONUT CREEK FL 33073

(City/ State and Zip Code)

abcfcharity@yahoo.com

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

For further information concerning this matter, please call:

THERESA M. THORPE

(Name of Contact Person)

at (786) 260-8994

(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

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Articles of Amendment
to
Articles of Incorporation
of

FILED

2011 AUG 25 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NO CHILD LEFT BEHIND CORPORATION

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

(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)

4400 w. sample road suite#134

coconut creek fl 33073

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4400 w. sample road suite#134

coconut creek fl 33073

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:

Theresa M. Thorpe

New Registered Office Address:

4400 w. sample road suite#134

(Florida street address)

coconut creek

(City)

Florida fl

(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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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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------|---|--|
| p. _____ | <u>Rocco T. Velasco</u> | <u>6123 sw 41 ct</u> <u>davie fl 33314</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| p. _____ | <u>Theresa M. Thorpe</u> | <u>4400 w. sample road suite#134</u> <u>coconut creek fl 33073</u> | <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)

Article V IS BEING CHANGED FROM ROCCO T VELASCO TO THERESA M
THORPE .Article VI IS TO BE CHANGED FROM ROCCO T VELASCO TO THERESA
M.THORPE. ArticleVII TITLE P SHOULD ALSO BE CHANGED FROM ROCCO T
VELASCO TO THERESA M THORPE THE ADRESS FOR THERESA M THORPE
BE AS SHOWN ABOVE 4400 W.SAMPLE ROAD SUITE134 COCONUT CREEK FL
33073

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The date of each amendment(s) adoption: 08/17/2011

(date of adoption is required)

Effective date if applicable: 08/17/2011

(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 08/17/2011

Signature Noel White
(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)

NOEL WHITE
(Typed or printed name of person signing)

O.M.
(Title of person signing)