

NI1000006959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

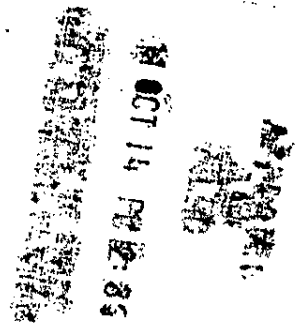
Special Instructions to Filing Officer:

Office Use Only **



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09/30/11--01025--013 **43.75



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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Autism Caregivers Connect Inc.

DOCUMENT NUMBER: 011000006959

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

Please return all correspondence concerning this matter to the following:

Johnny D Blanton
(Name of Contact Person)

Autism Caregivers Connect Inc.
(Firm/ Company)

3933 Oak Hill Dr E
(Address)

Cocoa, FL 32926
(City/ State and Zip Code)

Capt Doug @ indian ACC Brevard. Org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: 321 638 0546

Johnny D Blanton at (321) 432-9470
(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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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

~~Capt Doug @ indian ACC Brevard. Org~~
capt.doug@accbrevard.org



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2011

JOHNNY D BLANTON
3933 OAK HILL DR
COCOA, FL 32926

SUBJECT: AUTISM CAREGIVERS CONNECT INC.
Ref. Number: N11000006959

We have received your document for AUTISM CAREGIVERS CONNECT INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 711A00022813

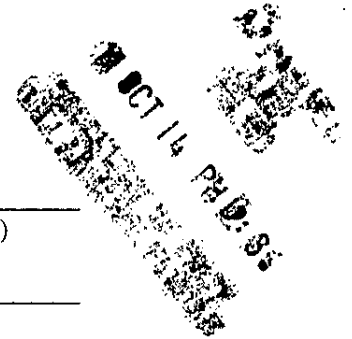
Articles of Amendment
to
Articles of Incorporation
of

Autism Caregivers Connect Inc.

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

111000006959

(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**)

C. Enter new mailing address, if applicable:

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

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:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(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

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>
<u>0</u>	<u>Katherine E. Clinton</u>	<u>353 Birch St.</u> <u>Titusville, FL</u> <u>32780</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>0</u>	<u>Alicia J. Hart</u>	<u>4032 Shuttle Court</u> <u>Merritt Island FL</u> <u>32953</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

Typed address attached

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

add to Article III See attached sheet.

Please add Article IX See attached sheet.

Katherine E. Clinton, 353 Birch Street, Titusville, FL 32780

Alicia J. Hart, 4032 Shuttle Court, Merritt Island, FL 32953

Corrections for Autism Caregivers Connect inc.
ARTICLES OF INCORPORATION
N11000006959

Under Article III please add:

Autism Caregivers Connect inc. is organized exclusively for charitable, religious, educational, and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Please Add Article ~~VI~~ IX

DISSOLUTION Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of by the District Court of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine which are organized and operated exclusively for such purposes.

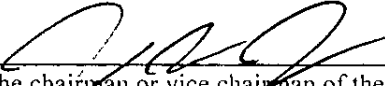
The date of each amendment(s) adoption: 1 Sept 2011
(date of adoption is required)

Effective date if applicable: _____
(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 1 Sept 2011

Signature 
(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)

Johnny D Blanton
(Typed or printed name of person signing)

Chairman
(Title of person signing)