

N1100000 9032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

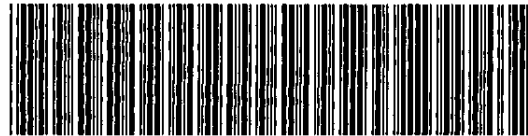
(Document Number)

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FILED  
OCT 17 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend  
22



Treasure Coast Down Syndrome, Inc  
PO Box 326  
Hobe Sound Fl 33455

10/13/2011

EIN 26-3392142

To whom it may concern,

Please find enclosed the Treasure Coast Down Syndrome Awareness Group, Inc's Articles of Incorporation second submittal for an Amendment using the correct form. A check for Corporate Filing fees of \$43.75 was previously submitted and is pending due to the error of using the wrong form. This time with my signature!!

I truly appreciate it if you could help expedite posting this amendment and notify me when it is done so I can call the IRS. An e-mail or a call would be great. ☺

Please let me know if there is anything else you need.

I can be contacted on cell 918-520-0354, home 772-546-7057 or e-mail at [sacs01@bellsouth.net](mailto:sacs01@bellsouth.net).

Thank you so much.

Sandra E. Coleman  
President

RECEIVED  
11 OCT 17 AM 10:30  
TREASURY DEPT  
TALLAHASSEE, FLORIDA



Treasure Coast Down Syndrome, Inc  
PO Box 326  
Hobe Sound Fl 33455

9/29/2011

EIN 26-3392142

To whom it may concern,

Please find enclosed the Treasure Coast Down Syndrome Awareness Group, Inc's Articles of Incorporation Amendment and check for Corporate Filing fees of \$43.75.

I have had such a time getting these filed and correct to meet the requirements of the IRS. We have an annual Buddy Walk coming up October 8<sup>th</sup> and we so much want to have our 501c3 status.

I truly appreciate it if you could help expedite posting this amendment and notify me when it is done so I can call the IRS. An e-mail or a call would be great. ☺

Please let me know if there is anything else you need.

I can be contacted on cell 918-520-0354, home 772-546-7057 or e-mail at [sacs01@bellsouth.net](mailto:sacs01@bellsouth.net).

Thank you so much.

Sandra E. Coleman  
President

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Treasure Coast Down Syndrome Awareness Group Inc.

**DOCUMENT NUMBER:** N1100009302

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

Please return all correspondence concerning this matter to the following:

Sandra E. Coleman

Name of Contact Person

Treasure Coast Down Syndrome Awareness Group, Inc.

Firm/ Company

8643 SE Seagrape Way

Address

Hobe Sound FL. 33455

City/ State and Zip Code

sacs01@bellsouth.net

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

For further information concerning this matter, please call:

Sandra e. Coleman

Name of Contact Person

at ( 918 )

520-0354

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

Articles of Amendment  
to  
Articles of Incorporation  
of

Treasure Coast Down Syndrome Awareness Group, Inc.

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

N1100009302

(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*

FILED  
2011 OCT 17 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE-FLORIDA

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

A. The purposes for which the Corporation is organized are exclusively charitable within the meaning of Section 501 (c) (3) of the Internal Revenue Code, including such purposes, the making of distributions to organizations that qualify as exempt organizations under 501 (c) (3) or future federal tax code. Distributions will benefit parents, siblings and children with Down syndrome in Indian River, St Lucie, Martin and Okeechobee Counties, Florida, and for all lawful purposes not for pecuniary profit.

The date of each amendment(s) adoption: 10/6/2011

*(date of adoption is required)*

Effective date if applicable: 10/6/2011

*(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 10/6/2011

Signature Sandra E. Coleman

(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)

Sandra E. Coleman

(Typed or printed name of person signing)

President

(Title of person signing)