11613

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	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
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SECULO IA. CONTAINE
TALLAHASSEL, FLORIDA

COVER LETTER

TO: Amendment Section

Qivision of Corporations

NAME OF CORPORATION	NAMI Space Coas	t, Inc		
	N11613			
DOCUMENT NUMBER:	•			
The enclosed Articles of Am	endment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
Elizabeth Eberwein				
		(Name of Contact P	erson)	
NAMI Space Coast				
		(Firm/ Compan	y)	· <u> </u>
1770 Cedar Street				
		(Address)	.	
Rockledge, Fl 32955				
		(City/ State and Zip	Code)	
skittles@cfl.rr.com				
E	-mail address: (to be used	for future annual rep	port notification	n)
For further information conc	erning this matter, please	call:		
Elizabeth Eberwein		at	321	432-5500
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pa	yable to the Florida l	Department of	State:
□ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif is Certif	0 Filing Fee icate of Status icd Copy tional Copy is osed)
Mailing A Amendmer		_	reet Address nendment Secti	ion

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ELIZABETH EBERUEIN 1770 CEDAR STREET ROCKLEDGE, FL 32955

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

(PAGES 3 AND 4 NOT) APALICAGE

Articles of Amendment to Articles of Incorporation of

NAMI Space Coast, Inc				
(Name of Corporation as curren	tly filed with the Florida Dep	t. of State)		
N11613				
(Document Numb	er of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit	Corporation adopts the following		
A. If amending name, enter the new name of the corporati	on:			
NAMI Brevard County, Inc		The new		
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the			
B. Enter new principal office address, if applicable:	1770 Cedar Street	<u> </u>		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		E B		
	Rockledge,, FL 32955	<i>10.</i>		
Coton many marillan address of annual school				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
· · · · · · · · · · · · · · · · · · ·				
				
D. If amending the registered agent and/or registered offic		ic name of the		
new registered agent and/or the new registered office a	ddress:			
Name of New Registered Agent:				
	(Florida street address)			
New Registered Office Address:	I minus	Tuuurcssy		
1		, Florida		
	(City)	(Zip Code)		
ew Registered Agent's Signature, if changing Registered	Agent:			
hereby accept the appointment as registered agent. I am fan	niliar with and accept the oblig	zations of the position.		
	gnature of New Registered Age	ent if changing		
30	gnature of them negatered Age	эа, у спинуту		

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
Kemove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)					
	·					
<u> </u>	·					
				· <u> </u>		
			·			
		-				
						
· · · · · · · · ·					·-	
						

	date of each amer this document was	signed.	, if other than the
Effe	ective date <u>if appli</u> e	(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will the on the Department of State's records.	not be listed as the
Ada	ption of Amendm	ent(s) (CHECK ONE)	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
Ħ	There are no memiadopted by the bo		
	Dated	November 20, 2018	
	Signature	Shabeth Oberwen Lobbi)	
		(By the charman 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)	
		Bobbi (Elizabeth) Eberwein	
		(Typed or printed name of person signing)	
		Treasurer	
		(Title of person signing)	