

N12 000002903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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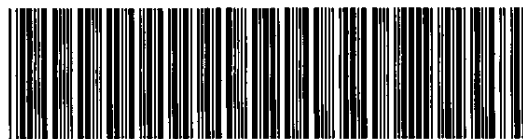
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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ZC

5/9 am

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Deaf and Hard of Hearing Services of the Emerald Coast, Inc.

**DOCUMENT NUMBER:** N12000002903

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

Please return all correspondence concerning this matter to the following:

Bonnie Brown

Name of Contact Person

Deaf and Hard of Hearing Services of the Emerald Coast, Inc.

Firm/ Company

7100 Plantation Road, Suite #11

Address

Pensacola, FL 32504

City/ State and Zip Code

brownbjc@yahoo.com

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

For further information concerning this matter, please call:

Bonnie Brown at ( 850 ) 607-8453

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2016

% KRISTY HATSFELT  
6209 WINDWOOD DRIVE  
PENSACOLA, FL 32504

SUBJECT: DEAF AND HARD OF HEARING SERVICES OF THE EMERALD  
COAST, INC.  
Ref. Number: N12000002903

We have received your document for DEAF AND HARD OF HEARING  
SERVICES OF THE EMERALD COAST, INC. and your check(s) totaling \$52.50.  
However, the enclosed document has not been filed and is being returned for the  
following correction(s):

The name designated in your document is unavailable since it is the same as, or  
it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from  
the one presently on file.

The name and document number of conflict is, "L05000116547 - TEAM  
SERVICES LLC".

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) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 916A00023589

Articles of Amendment  
to  
Articles of Incorporation  
of

Deaf and Hard of Hearing Services of the Emerald Coast, Inc.

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

N12000002903

(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:

Transitions Counseling Services, Inc.

*name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: N/A

(Florida street address)

New Registered Office Address:

N/A

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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.*

N/A

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

**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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u>	<u>V</u>	<u>Kristy Hatsfelt</u>	<u>6209 Windwood Drive</u>
<u>Add</u>			<u>Pensacola, FL 32504</u>
<u>X</u> Remove			
2) <u>Change</u>	<u>S</u>	<u>Lisa Wright</u>	<u>3770 Highway 297A</u>
<u>Add</u>			<u>Cantonment, FL 32533</u>
<u>X</u> Remove			
3) <u>Change</u>	<u>T</u>	<u>Richard Burdess</u>	<u>6501 Costa Mesa</u>
<u>Add</u>			<u>Pensacola, FL 32504</u>
<u>X</u> Remove			
4) <u>Change</u>	<u>V</u>	<u>Cara Williams</u>	<u>3380 Durney Drive</u>
<u>X</u> Add			<u>Cantonment, FL 32533</u>
<u>Remove</u>			
5) <u>Change</u>	<u>S/T</u>	<u>Matthew Brown</u>	<u>1331 Longbranch Drive</u>
<u>X</u> Add			<u>Cantonment, FL 32533</u>
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

(Attach *additional sheets, if necessary*). (Be *specific*)

(Attach *additional sheets, if necessary*). (Be *specific*)

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

April 24, 2017

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

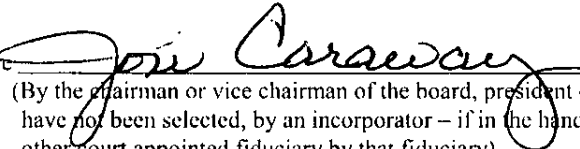
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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 April 24, 2017 \_\_\_\_\_

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)

Joni S. Caraway

\_\_\_\_\_  
(Typed or printed name of person signing)

Board Chairperson

\_\_\_\_\_  
(Title of person signing)