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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: Services for (Children with Inc	carcerated Parents, Inc.
DOCUMENT NUMBER: N1300000	759	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Cydnee Brown, Esq.		
	(Name of Contact Person)
	(Firm/ Company)	
1700 North Monroe Suite	e 11-315.	
	(Address)	
Tallahassee, FL 32312		
	(City/ State and Zip Code	e)
cydnee@cydneeb	orownslaw.c	om
E-mail address: (to be used	for future annual report i	notification)
For further information concerning this matter, please	call:	
Cydnee Brown	at (850	216-1010
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661-E	Address ment Section n of Corporations Building xecutive Center Circle

Articles of Amendment to Articles of Incorporation of

	FILED		
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Services for Children With Inc	carcerated Parents, Inc. 🏂 🛣	là
(Name of Corporation as currently filed w	1944, 1942	Marie Line Harris
N13000000759		7
(Document No	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For Profit Corpor	ation adopts the following
4. If amending name, enter the new name of th	e corporation:	
Services for Kids With Incarce	rated Parents, Inc.	The nev
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam	d "corporation" or "incorporated" or the abbrev <u>se</u>	
B. Enter new principal office address, if applications of the principal office address MUST BE A STREET A		ite 11-315
	Tallahassee, FL 3230	3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
	1700 North Monroe Su	ite 11-315
	Tallahassee, FL 3230	3
D. If amending the registered agent and/or reginew registered agent and/or the new registered	istered office address in Florida, enter the name red office address:	of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered agent	Registered Agent: nt. I am familiar with and accept the obligations	of the position.
Signat	ure of New Registered Agent, if changing	

Page 1 of 4

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	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	Name	Address
1) Change			!
Add			
2) Change	·		
Add			
3) Change	-1		
Remové			
4) Change	····		;
Aḍd Remove			
5) Change			:
Add			
6) Change			
Add			
Remove			

E.	If amending or adding additional Arti (attach additional sheets, if necessary).	icles, enter change(s) here:	
	(attach additional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) adopted this document was signed.	ption:	:	_, if other than the
late this document was signed.	•		
Effective date <u>if applicable</u> :			_
	(no more than 90 days after amendment file date))))))	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adoption was/were sufficient for approval.	pted by the members and the number of votes cast for the	amendment(s)	
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 1/27/20	15		
Signature			
(By the chairm have not been	an or vice chairman of the board, president or other office selected, by an incorporator – if in the hands of a receive pointed fiduciary by that fiduciary)		_
Cydnee Bro	own, Esq.	3	
(1)	Typed or printed name of person signing)	_	
President	· ·	:	
	(Title of person signing)	_	