## N13000010290

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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Office Use Only



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SECRETARY OF STATE

JUNA 2016 C LEWIS

## **COVER LETTER**

TO:	: Amendment Section Division of Corporations	
SHR.	Building Blocks Child Development Center, In	lnc.
оов	Name of Corpo	poration
DOC	CUMENT NUMBER: N13000010290	
The e	enclosed Amendment and fee are submitted for	or filing.
Pleas	ase return all correspondence concerning this ma	natter to the following:
Steph	ohen E. Mathews	
	Name of Contact Person	<u>—</u>
Build	Iding Blocks Child Development Center, Inc.	
	Firm/Company	
562 E	E. Nelson Avenue	
	Address	<del></del>
DeFu	Funiak Springs, FL 32433	
	City/State and Zip Code	
stephe	henmathews@earthlink.net	
	E-mail address: (to be used for future annual repor	ort notification)
For f	further information concerning this matter, plea	ease call:
Steph		892-0852
	Name of Contact Person Ar	Area Code & Daytime Telephone Number
Encl	closed is a check for the following amount:	
х	\$35.00 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mail	iling Address: Street	et Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2016

STEPHEN E. MATHEWS / BUILDING BLOCKS CHILD DEVELOPMENT 562 E. NELSON AVENUE DEFUNIAK SPRINGS, FL 32433 US

SUBJECT: BUILDING BLOCKS CHILD DEVELOPMENT CENTER, INC. Ref. Number: N13000010290

We have received your document for BUILDING BLOCKS CHILD DEVELOPMENT CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FLORIDA NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

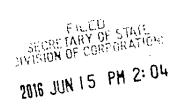
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 716A00012241

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation



Building Blocks Child Development Center,	ing.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
N13000010290		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the	: following
A. If amending name, enter the new name of the corporate	<u>lon:</u>	
		_The new
name must be distinguishable and contain the word "corpord "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>		
		<del></del>
C. Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX)	562 E. Nelson Avenue	
	DeFuniak Springs, FL 32433	
		·
D. If amending the registered agent and/or registered off		
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		<del>"."</del>
	(Florido street address)	
<u>New Registered Office Address:</u>		
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	Agent: uniliar with and accept the obligations of the position.	
and the state of t	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)

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>V</u> <u>Mi</u>	nn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove		***************************************	
2) Change Add Remove 3 ) Change			
Add Remove 4) Change Add		and distance and the commence of the commence	
Remove  5) Change  Add  Remove			
6) Change Add Remove			

E. If amending or adding additional Artic (attach additional sheets, if necessary).	icles, enter change(s) here:  (Be specific)
	· · · · · · · · · · · · · · · · · · ·
stablish an organization focused on improvin ollaborative effort of professionals and comm idividuals and families by working with the loc	ng the development of children in a community based setting. This will be achieved through munity members. Organization will also address the need for permanent housing for homocal continuum of care and developing affordable housing for this population.
-	

		, , , , , , , , , , , , , , , , , , , ,	FILED STALE
	date of each amendment(s)	6/17/2016	SLOKE FARY OF STATE SUPPLIES OF CORPURATION OF CORPURATION
date	this document was signed.	0/47/0040	2016 JUN 15 PM 2: 04
Effe	ective date if applicable:	6/17/2016	
		(no more than 90 days after amend	meni jile dalej
	e: If the date inserted in this but the factive date on the E		filing requirements, this date will not be listed as the
Ado	ption of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of val.	votes cast for the amendment(s)
¥	There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s).	The amendment(s) was/were
	Dated 6/17/2	016	
	Signature	· S	
	(By the character have not be	airman or vice chairman of the board, presidence selected, by an incorporator — if in the bot appointed fiduciary by that fiduciary)	
		Stephen E. Mathews	
		(Typed or printed name of	person signing)
		President	
	<del></del>	(Title of person	signing)