## 11500003877

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Spring Forward For	or Autism, Inc	
DOCUMENT NUM	MI C00000000		
The enclosed <i>Articles</i>	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Susan Belcher		
		Name of Contact Perso	on
		Firm/ Company	
	7955 S Highway A1A		
		Address	
	Melbourne Beach, FL 32951		
		City/ State and Zip Co	de
susar	n@springforwardforautism.net	ı	
	E-mail address: (to be us	sed for future annual repor	t notification)
For further information	n concerning this matter, pleas	se call:	
Susan Belcher		at (	214-6781
Name	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	partment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amen Divisi Clifto	t Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

of Spring Forward For Autism, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N15000003877 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 (Florida street address) New Registered Office Address: \_, Florida\_\_

(Cu)		(zip C	(sue)
Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent. I am familiar with and accept the obligations	IY of S	7017 OCE 12 P	
Signature of New Registered Agent, if changing	10 75 (7 %) 3*	<b>ी</b> -	*****

				i Tananan
address of each Offic (Attach additional she Please note the officer P = President; V= Vi Executive Officer; CF held. President, Treas Changes should be no	eer and/or bets, if neces	Director ssary) tle by the nt; T= T Financi tor woul corporat	being added:  e first letter of the office title: reasurer; S= Secretary; D= Dire al Officer. If an officer/director d be PTD. manner. Currently John Doe is tion, Sally Smith is named the V a h, SV as an Add.	each officer/director being removed and title, name, and ector; TR= Trustee; C = Chairman or Clerk; CEO = Chief holds more than one title, list the first letter of each office listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
X Remove	<u>V</u>		Jones .	
X Add	<u>sv</u>		<u>Smith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) X Change	Assist		Susan Belcher	7955 S Highway A1A
Add	Secr	etaily		Melbourne Beach, FL 32951
Remove				
2) X Change	Presid	<sub>len</sub> t	Sheila Schmitt	16B Marina Isles Blvd
Add				Indian Harbour Beach, FL 32937
Remove				
3) x Change	Secret	tary	Meegan Alphin	455 Spoonbill Lane
Add				Melbourne Beach, FL 32951
Remove				
) Change		<del></del>		
Add				
Remove				
Change		_		
Add				
Remove				
Change				<del></del>

\_ Add

\_\_ Remove

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	2 1 2 2017	
Effective date if applicable:	October 2, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this did Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following staten for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	į
by	<u>,</u> ,,,	1
,	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Septem Dated	per 1, 2017	
Signature		
(By	artifector president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other conditted fiduciary by that fiduciary)	ırt
	Susan Belcher	
	(Typed or printed name of person signing)	
	Assistant Secretary	
	(Title of person signing)	