

N160000003244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

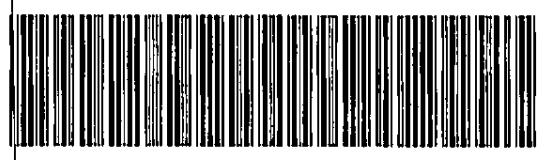
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Audith Edwards
Auth. All corrections
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2018 JAN 29 AM 8:36
Salem, OR

Amend/Name
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JAN 30 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SPACE COAST INTERGEN CENTER, INC

DOCUMENT NUMBER: N16000003244

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

Please return all correspondence concerning this matter to the following:

JUDITH EDWARDS, PRESIDENT

(Name of Contact Person)

SPACE COAST INTERGEN CENTER, INC

(Firm/ Company)

5445 VILLAGE DRIVE, SUITE 100

(Address)

VIERA FL 32955

(City/ State and Zip Code)

judyedwards05@gmail.com

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

For further information concerning this matter, please call:

JUDITH EDWARDS

(Name of Contact Person)

at 321 243-3355

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

January 23, 2018

JUDITH EDWARDS
SPACE COAST INTERGEN CENTER INC
5445 VILLAGE DRIVE - STE. 100
VIERA, FL 32955

SUBJECT: SPACE COAST INTERGEN CENTER, INC
Ref. Number: N16000003244

We have received your document for SPACE COAST INTERGEN 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 118A00001466

Articles of Amendment
to
Articles of Incorporation
of

SPACE COAST INTERGEN CENTER, INC

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

N16000003244

(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:

CARING FOR OUR GENERATIONS, INC.

The new 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:

(City)

, Florida

(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.

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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

Type of Action
(Check One)

Title

Name

Address

| | | | |
|---|----------|----------------------|-----------------------------|
| 1) <input type="checkbox"/> Change | <u>P</u> | <u>JOHN EDWARDS</u> | <u>798 THRASHER DRIVE</u> |
| <input checked="" type="checkbox"/> Add | | | <u>VIERA FL 32955</u> |
| <input type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>V</u> | <u>CHRIS EDWARDS</u> | <u>798 THRASHER DR</u> |
| <input checked="" type="checkbox"/> Add | | | <u>VIERA FL 32955</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>D</u> | <u>JANE WARNER</u> | <u>4455 PINWOOD RD</u> |
| <input type="checkbox"/> Add | | (Address only) | <u>MELBOURNE FL 32934</u> |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | <u>D</u> | <u>DANIEL CIURD</u> | <u>100 HARRISON ST</u> |
| <input type="checkbox"/> Add | | (Address only) | <u>COCOA FL 32922</u> |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | <u>D</u> | <u>LOI MC KINLEY</u> | <u>731 JAVA RD</u> |
| <input type="checkbox"/> Add | | (Address only) | <u>COCOA BEACH FL 32931</u> |
| <input type="checkbox"/> Remove | | | |
| 6) <input checked="" type="checkbox"/> Change | <u>S</u> | <u>EMILY SOWERS</u> | <u>3735 SUNWARD DRIVE</u> |
| <input type="checkbox"/> Add | | | <u>MERRITT ISLAND, FL</u> |
| <input type="checkbox"/> Remove | | | <u>32953</u> |

(Add) D

RUSSELL WEIGEL

201 Alhambra Circle
Suite 1050
Coral Gables, FL 33134

C1XIXJC - T

DALE VIGOR
(Address only)

1636 GRANDVIEW 4
MELBOURNE FL
32935

F. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

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

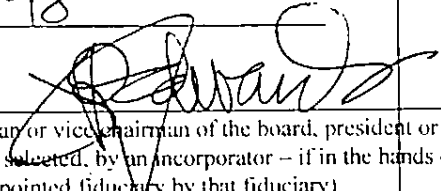
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 1-12-18

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)

JUDITH EDWARDS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)