## N/6000006878

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_\_ Center for Autistic Achievement, Inc. DOCUMENT NUMBER: N16000006878 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Paula M Breeden Name of Contact Person ASD Adult Achievement Center, Inc. Firm/ Company 283 Cranes Roost Blvd, Ste 180 Address Altamonte Springs, FL 32701-3437 City/ State and Zip Code paula@centerforautisticachievement.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Paula Breeden at (407 314-3529 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

☐ \$35 Filing Fee

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

□\$43.75 Filing Fee &

Certificate of Status

Street Address

**□\$43.75** Filing Fee &

(Additional copy is enclosed)

Certified Copy

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

■\$52.50 Filing Fee

(Additional Copy is enclosed)

Certificate of Status Certified Copy 2011 AUG 24 PM 3: 00

## Articles of Amendment to Articles of Incorporation of



Center for Autistic Achievement, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N16000006878 (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: ASD Adult Achievement Center, Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc.' "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A 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.

Page 1 of 4

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change		N/A		
Add				<u> </u>
Remove				
2) Change		N/A	<del> </del>	<del></del>
Add				
Remove				
3) Change		N/A		
Add				<del></del>
Remove				<del> </del>
4) Change		N/A		
Add				
Remove				
5) Change		N/A		
Add	•			
Remove				
6) Change		N/A		
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Add				
Remove				

E. If amending or adding additional Appropriate (attach additional sheets, if necessary)	(Be specific)
N/A	
<u> </u>	
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		August 5, 2017	
The da	te of each amen	dment(s) adoption:	, if other than the
	s document was		_
unte un	is document was	-	
		August 5, 2017	
Effecti	ve date <u>if applic</u>	able:	
		(no more than 90 days after amendment file date)	
Note:	If the date inserte	ed in this block does not meet the applicable statutory filing requirements, this date will not	be listed as the
		te on the Department of State's records.	
Adopti	on of Amendme	ent(s) (CHECK ONE)	
		( <u></u> )	
	ne amendment(s) as/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	nere are no memb dopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
	Dated	August 5, 2017	
		Paula M. Brooden	
	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)	
		onto court appointed readinity by that reduciny,	
		Paula M. Breeden	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	