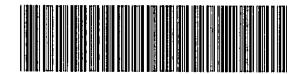
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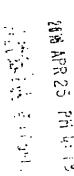
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | | OOL FOR HEARII | NG AND SPE | ECH FLORIDA, INC. | 7 m 3 - 1 m 1 |
|-------------------------------|--|--|--------------------|--|------------------|
| DOCUMENT NUMBER: | N17000000358 | | | | 0 |
| The enclosed Articles of Am | nendment and fee are subm | nitted for filing. | | | • |
| Please return all corresponde | ence concerning this matter | r to the following: | | | |
| Tina Morris | | | | | |
| | - | (Name of Contact Pe | erson) | | |
| THE CLARKE SCHOOL F | OR HEARING AND SPE | ECH FLORIDA, IN | C. | | |
| | | (Firm/ Company | ·) | | |
| 9803 OLD ST. AUGUSTII | NE RD, SUITE 7 | | | | |
| | | (Address) | - | | |
| JACKSONVILLE, FL 322 | 57 | | | | |
| | (| City/ State and Zip | Code) | | |
| TMORRIS@CLARKESCI | HOOLS.ORG | | | | |
| E | -mail address: (to be used | for future annual rep | ort notification | n) | |
| For further information conc | erning this matter, please o | :all: | | | |
| TINA MORRIS | | at | 904 | 880-9001 X7003 | |
| | (Name of Contact Person) | | | (Daytime Telephone N | umber) |
| Enclosed is a check for the f | ollowing amount made pay | able to the Florida [| Department of | State: | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & I Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy i enclosed) | Certif S Certif | 0 Filing Fee icate of Status ied Copy tional Copy is osed) | |
| Mailing A | ddroec | 84- | oot telebroom | | |

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

Articles of Amendment to Articles of Incorporation



THE PORT OF PARK IN THE (Name of Corporation as currently filed with the Florida Dept. of State) N17000000358 (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: CLARKE SCHOOL FOR HEARING AND SPEECH FLORIDA, 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 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 _ (Zip Code) (City) 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: X Change X Remove X Add | <u>V</u> <u>Mi</u> | nn <u>Doe</u> ke Jones ly Smith | |
|-----------------------------------|--------------------|---------------------------------------|--------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | Other | CYNTHIA ROBINSON | 9803 OLD ST AUGUSTINE RD |
| XX Add | | | STE 7 |
| Remove | | | JACKSONVILLE, FL 32257 |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding addition (attach additional sheets, if neco | ssary). (Be specific | c) | | |
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| The date of each amendmen | t(s) adoption: | , if other than the |
|--|---|---------------------|
| late this document was signed | | |
| | 3/1/2019 | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in the locument's effective date on the | his block does not meet the applicable statutory filing requirements, this date will n the Department of State's records. | ot be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/was/were sufficient for a | were adopted by the members and the number of votes cast for the amendment(s) pproval. | |
| There are no members of adopted by the board of | r members entitled to vote on the amendment(s). The amendment(s) was/were directors. | |
| 3/12 Dated | /2019 | |
| Signature | Synthiar & Rolin | |
| have | not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| С | ynthia Robinson | |
| _ | (Typed or printed name of person signing) | |
| R | egistered Agent & Co-Director | |
| - | (Title of person signing) | |