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2017 JUL 10 PM 4: 42 MILIABASSEE FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Speakout Brevard of Florida, Inc.	
DOCUMENT NUMBER: N 170000 2469	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Contact Person)	
P.O. BOX 806 (Firm/Company)	
ABOUTO EAHABE OUT	
Melbourne Fl Booker Baller (City! State and Zip Code)	
E-mail address: (10 be used for future annual report notification)	ſΥ
For further information concerning this matter, please call:	
Jazzie Hennings = 239 269-1313	
(Name of Contacts Berson) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& \Bigcup \\$43.75 Filing Fee \& \Certified Copy \\ (Additional copy is enclosed)\$\text{Certified Copy is Enclosed}\$	
Mailing Address Street 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

FILED

Articles of Amendment to Articles of Incorporation of

2017 JUL 10 PM 4: 42

SPEAKOUT BREVARD OF FLORIDA, INC.,

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

N170000 2409

(Document Number of Corporation (if known)

suant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following

(Document Numb	er of Corporation (if knov	wn)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For P</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
name must be distinguishable and contain the word "corpora "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 MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX Melbourne	866 FC 32902
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a		iter the name of the
Name of New Registered Agent:		·
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		e 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	PT John I V Mike SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>P</u>	Elizabeth	1092 Old Millipond Rd Melbourne, Fl 32940
2)	P	Tenesha R Tustu Martin	2578 Floridiane Dr Melbourne Fl 32935
Remove 3) X Change Add	7	Jazzie Hennings	25 Delaware St Unit B Satellite Boh, FC 3293
Remove 4) Change Add	<u>S</u> _	Vicki Humpries	2655 Sadler Lane Melbourne Fl 32935
Remove 51 Change Add		Trudi Onek	957 Gulf Stream Ct Rockledge, FL 32955
6) Change Add		Phil Moore	3589 Egret Dr Melbourne FL 32901
Remove		Page 2 of 4	

attach additional sheets, if necessary).	(Be specific)
	
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The date of each amendment(s) adoption:	, if other than the
late 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 who document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east for the amendment(was/were sufficient for approval.	(8)
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 7/5/2017	
Signature State of the state of	
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	-
(Typed or printed nume of person signing)	
Vice Plesident	_
(Title of person signing)	