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## **COVER LETTER**

TO: Amendment Section Division of Corporations FILES DECRETARY OF STATE DIVISION OF CORPORATIONS

	•					MKHORAT) j <sub>e</sub> ta
NAME OF CORPORATION		ITIONAL LIFE-SKILL	CENTER I	INC.	MAY 14	PH to 30
DOCUMENT NUMBER:	N17000003985				<del></del>	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Am	nendment and fee are subr	nitted for filing.				
Please return all corresponde	ence concerning this matte	er to the following:				
Colette Stibich						
		(Name of Contact Person	n)			
Impact Academy School						
		(Firm/ Company)				
1301 S. Parsons Ave.						
		(Address)	· · · · · · · · · · · · · · · · · · ·			
Seffner, FL 33584						
		(City/ State and Zip Cod	e)		· · · · · · · · · · · · · · · · · · ·	
cvstibich@msn.com						
E	-mail address: (to be used	for future annual report	notification	n)		
For further information conc	erning this matter, please	call:				
Beth Bates-Santos		81 at	3-693-5101	1		
	(Name of Contact Person		rea Code)	(Daytime Telephone N	umber)	
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida Depa	artment of	State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	60 Filing Fee ficate of Status fied Copy itional Copy is osed)		
Mailing A			Address	io-		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

## Articles of Amendment to Articles of Incorporation of



IMPACT'S TRANSITIONAL LIFE-SKILL CENTER INC.

IMPACTS TRANSITIONAL LIFE-SKILL CENTER INC	•		and Miller
(Name of Corporation as curr	ently filed with the Florida Dept. of State)	MAY IL	PM 14 200
N17000003985			10 4 24
(Document Nur	mber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopt	s the following	
A. If amending name, enter the new name of the corpor	ration:		
		The new	
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Cor	p." or "Inc."	
B. Enter new principal office address, if applicable:	1355 S. Parsons Ave.		
(Principal office address <u>MUST BE A STREET ADDRES</u>	SS) Seffner, FL 33584		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1355 S. Parsons Ave.		
· • • • • • • • • • • • • • • • • • • •	Seffner, FL 33584		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office			
Name of New Registered Agent:			
	(Florida street address)	<del> </del>	
New Registered Office Address:	(Fibrial Sireel duaress)		
<del>- •</del>	, Florida	<del></del>	
	(City) (Zip Code	)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		ion.	
	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.

Type of Action (Check One)         Title         Name         Address           I) Change	X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Si	<u>ones</u>	
Add	Type of Action (Check One)	Title		Name	<u>Addres</u> s
Add Remove 3) Change	Add	•	_		
3) Change			_		
4) Change	3) Change	<u></u>	_		
Add	4) Change Add		_		
Add	Add	<del> </del>	_		
	6) Change Add		_	<del></del>	

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)
• `	
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The date of each amendment(s) adoption date this document was signed.	on:May 1, 2018	, if other than the
Effective date if applicable:	05-01-18 May 1, 201.	8
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department.	ness not meet the applicable statutory filing requirements, this date will ment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	)
There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 4 - 30	- 18	
Signature ( )	787	
have not been sel	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)	
Co	lette Stibich	
	(Typed or printed name of person signing)	
Pre	sident	
	(Title of person signing)	