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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(D)	usiness Entity Nan	no)
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Certified Copies	Certificates	s of Status
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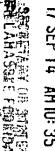
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SEP 15 2017

R. White



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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	OF TAMPA BAY	INC.	
N1700008201			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
SANDRA CHRISTIE			
	(Name of Contact	Person)	
AUTISM CENTER OF TAMPA BAY INC.			
	(Firm/ Compa	ny)	
505 W 131ST AVE,			
	(Address)		
TAMPA, FL 33612			
	(City/ State and Zi	p Code)	
daley1978@yahoo.com			
E-mail address: (to be used	d for future annual r	eport notification	n)
For further information concerning this matter, please	call:		
SAEEDA MANSOOR		813	322-3936
(Name of Contact Persor	n)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing Address Amendment Section Division of Corporations	Ā	Street Address Amendment Section of Corporation of	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 17 SEP 14 AM 10: 35

AUTISM CENTER OF TAMPA BAY INC.

DOSECTETABLY OF STHE

(Name of Corporation as of	currently filed with the Florid	da Dept. of Kate AHAS SEL FEBRIOR
N17000008201		
(Document	Number of Corporation (if known	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>KESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	K)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		Elovido
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered agent. I		he obligations of the position.
	Cinnetuna -CN P	1 A is -1 i
	Signature of New Register	rea 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 Do V Mike Jo SV Sally Sr	nes enes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	SANDRA CHRISTIE	505 W 131ST AVE
X Add			TAMPA, FL 33612
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement locument's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for th was/were sufficient for approval.	ne amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendmen adopted by the board of directors.	nt(s) was/were
09/06/2017 Dated	
Signature Claristo	
(By the chairman or vice chairman of the board, president or other officents and the hands of a receive other court appointed fiduciary by that fiduciary)	
CONROY CHRISTIE	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	