N1800003943

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BREVARD COL	LABORATIVE FAMILY	LAW ASSOCIATION, INC.
DOCUMENT NUM	BER: N18000003943		
	of Amendment and fee are s	ubmitted for filing.	-
Please return all corre	spondence concerning this ma	atter to the following:	
	VALERIE WEAVER		
		Name of Contact Perso	n
		Firm/ Company	
	5430 VILLAGE DRIVE, SU	JITE 102	
	VIERA, FL 32955	Address	
		City/ State and Zip Cod	Δ
		City/ State and Zif/ Cod	C
vwea	ver@lorislaw.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
VALERIE WEAVER		321 at (de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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 of

BREVARD COLLABORATIVE FAMILY LAW ASSOCIATION, INC.

N18000003943	ttly filed with the Florida Dept. of State)
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
BREVARD COLLABORATIVE ASSOCIATION, INC.	The new
name must be distinguishable and contain the word "corporal "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 making address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A SST
	555
	PH S
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, enter the name of the address:
Name of New Registered Agent:	_N/A
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 far	Agent: miliar with and accept the obligations of the position.
	NA
Si	ignuture of New Registered Agent, if changing

4 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:

(Attoch 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 Lones 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	PT	John Doe				
X Remove	¥	Mike Jones		, / ^		
X Add	sv	Sally Smith		N/A		
Type of Action (Check One)	<u>Tid</u>	l <u>e</u> <u>Na</u>	<u>me</u>	1	<u>Addres</u> s	
1) Change		_ _				
Add			\			
Remove						
2) Change						
Add						
Remove						
3) Change		- -				
Add						
Remove					-	
4) Change					\	
Add					<u></u>	
Remove						
5) Change						
Add						
Remove						
6) Change			<u> </u>			
Add						
Remove						\
			Page 2	of 1		

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
A A A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
(9 not applicable, marcale 1971)
N/A
N/H

The date of each amendment(s) adoption: 7-23-18 date this document was signed.	, if other than the
•	
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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	n(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, president or other officer - if directors or officers have not been	1
selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	art
VALERIE WEAVER	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	