N18000009886

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TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	Coalition of College & Ca	areers		
N18000009886 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee ar	re submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
R. Wesley Bradshaw, Esq.				
	(Name of Contact P	'erson)		
Bradshaw & Mountjoy				
	(Firm/ Compan	y)		
209 Courthouse Square				
	(Address)			
Inverness, FL 34450				0CT -3
	(City/ State and Zip	Code)		
				<i>E</i> .
E-mail address: (to b	e used for future annual re	port notificatio	n)	37 3
For further information concerning this matter, p	olease call:			*
R. Wesley Bradshaw, Esq.	a	352	726-1211	
(Name of Contact F		(Area Code)	(Daytime Telephor	ne Number)
Enclosed is a check for the following amount ma	ade payable to the Florida	Department of	State:	
\$35 Filing Fee \$43.75 Filing F Certificate of Se	Cee & \$\sumsymbol{\subset}\$\$\$ \$43.75 Filing Fee tatus	Certif is Certif (Addi	0 Filing Fee licate of Status lied Copy tional Copy is osed)	
Mailing Address Amendment Section		reet Address mendment Sect		
Amendment Section Division of Corporations		menament Sect ivision of Corp		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr	ently filed with the Florida	Dept. of State)
N18000009886		
(Document Nur	nber of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For P</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
Not Applicable		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" o	or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	Not Applicable	
Trincipal Office address MOST DE ABINEE! ADDRES	<u> </u>	
		ردي مسم
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Not Applicable	001
		သ
		X
		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		ter the name of the
Name of New Registered Agent: Not Ap	plicable	
	(Florid	a street address)
New Registered Office Address:		
	- <u>-</u>	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am		obligations of the position.
		d 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>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	PATRICK M. SIMON	681 W. BRITAIN STREET
X Add			HERNANDO, FL 34442
Remove			
2) Change	<u>T</u>	DONNA SMALI.	1467 N EAGLERIDGE PATH
X Add			HERNANDO, FL 34442
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articatuach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
Not Applicable	

The	date of each amendmen	(s) adoption:	, if other than the
Jate	this document was signed		
rec.	estive data if applicables	Not Applicable	
C. I I I	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	_	nis block does not meet the applicable statutory filing requirements, this date will he Department of State's records.	not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for a	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Octob Dated	per Z. 2018	
	Signature	Saw M. Juman	
	have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Pa	trick M. Simon	
		(Typed or printed name of person signing)	
	Pro	esident / Incorporator	
		(Title of person signing)	