## N180000 11695

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## **COVER LETTER**

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TO: Amendment Sec Division of Corp				College of the second of the s
NAME OF CORPO	RATION: BREVARD PREV	ENTION COALITION, IN	<b>C</b> .	B. 1887.
	BER: N18000011695			***
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	STANLEY BRIZZ			
		Name of Contact Person		
	BREVARD PREVENTION	COALITION, INC.		
	Firm/ Company			
	2226 SARNO RD, SUITE 108			
		Address	<del></del>	
	MELBOURNE, FL 32935			
		City/ State and Zip Code		
	SBRIZZ@BREVARDPREV	ENTION.ORG		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
STANLEY BRIZZ		at ( 321	426-1644	
Name	of Contact Person		le & Daytime Telephone Number	<del></del>
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:	
S35 Filing Fee (ALPEADY AMO) (SEE ENCLOTED PAI (CHECK: THIS IS A CRESUBMISSI DU CORRECTION)	ne.	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ma An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Division The Co	Address ment Section n of Corporations entre of Tallahassee Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

PO SUN TO PARE 19 BREVARD PREVENTION COALITION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N18000011695 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address; Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add		N/A	
Remove		N/A	
2) Change Add			
Remove 3) Change Add		N/A	
Remove		N:/ A	
4) Change Add			
Remove			
5) Change Add		N/A	
Remove			
6) Change Add		N/A	
Remove			
E. If amending or addi (attach additional she	ng additk ets, if nece	onal Articles, enter change(s) here: essary). (Be specific)	
ARTICLE III SHO	ULD BE	E AMENDED TO READ AS FOLLOWS: "	To strengthen community
collaboration in or	der to re	duce subtance abuse and suicide, as well a	is minimize the risk of problematic
societal behaviors	through	education and social marketing. Brevard	Prevention Coalition, Inc. is
organized exclusiv	ely for o	charitable, religious, educational, and scien	ntific purposes, including, for such

purposes, the making of distributions to organizations that qualify as exempt organizations described

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ne date of each amendment(s) ad te this document was signed.	option: APRIL 30, 2020	<del></del>		_ if other than th
Tective date <u>if applicable</u> : A	PRIL 30, 2020			
	(no more than 90 days after	amendment file date)		
ote: If the date inserted in this blo cument's effective date on the De	ck does not meet the applicable sta partment of State's records.	tutory filing requirements	s, this date will not	be listed as the
loption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the nur	nber of votes cast for the	amendment(s)	

There are no members or a adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.	
Dated <u>6/7/</u>	/2020	
Signature	- Am	
have no	chairman or vice enairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
S	STANLEY_BRIZZ	
	(Typed or printed name of person signing)	
I	EXECUTIVE DIRECTOR	
<del></del>	(Title of person signing)	

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