N20 000007440

(Red	questor's Name)	
(Add	dress)	
	dress)	
(Aut	uiessj	
(City	y/State/Zip/Phone	e #)
r		
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
•	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Consideration to the last		
Special Instructions to I	riling Officer:	

Office Use Only



900349324509

-08/26/20 -0:00↑-020 **35.00

S TALLENT NOV 2: 2820

Mul.



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2020

MICHAEL J. BARTON FLORIDA ADOLESCENT AND YOUNG ADULT SEXUA 7626 SOLIMAR CIRCLE BOCA RATON, FL 33433

SUBJECT: FLORIDA ADOLESCENT AND YOUG ADULT SEXUAL HEALTH

NETWORK, INC.

Ref. Number: N20000007440

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 920A00019369

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

O: Amendment Section Division of Corporations

AME OF CORPORATION	Florida Adolescent a	and Youg Sexual He	alth Network,	Inc.
OCUMENT NUMBER:	N20000007440			
he enclosed Articles of An	nendment and fee are sub	mitted for filing.		
ease return all correspond	ence concerning this matt	er to the following:		
fichael J. Barton				
		(Name of Contact I	Person)	
lorida Adolescent and You	ig Sexual Health Network	, Inc.		
		(Firn√ Compar	ıy)	
526 Solimar Cir				
		(Address)		
oca Raton, FL 33433				
		(City/ State and Zip	Code)	
ibarton@CBResourceDeve	elopment.com			
	-mail address: (to be used	l for future annual re	eport notificati	on)
or further information cond	cerning this matter, please	call:		
lichael Barton		a	561	542-6003
	(Name of Contact Person		(Area Code)	
nclosed is a check for the t	following amount made pa	ayable to the Florida	i Department o	of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	is Cert (Add	50 Filing Fee ificate of Status ified Copy ditional Copy is losed)
Mailing A	Address ent Section		treet Address	
	of Corporations		ivision of Cor	
P.O. Box	-		he Centre of	
Tallahasse	ee, FL 32314	2	415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LORIDA ADOLESCENT AND YOUG ADULT SEXUAL HEALTH NETWORK, INC.

lame of Corporation as currently filed with the	e Florida	Dept. of State)		
120000007440				
(Docun	nent Numl	ber of Corporation (if kn	own)	
ursuant to the provisions of section 617.1006, Flo nendment(s) to its Articles of Incorporation:	rida Statu	tes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the	following
. If amending name, enter the new name of the	e corpora	tion:		
lorida Adolescent and Young Sexual Health Netw	vork, Inc.			The new
ame must he distinguishable and contain the word Company" or "Co." may not be used in the name		ation" or "incorporated	" or the abbreviation "Corp." o	or "Inc."
. Enter new principal office address, if applica	ıble:	N/A		
^p rincipal office address <u>MUST BE A STREET A</u>) _{N/A}		1
		N/A		61 AUN C
				7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	N/A		<u></u>
		N/A		
		N/A		8:
				
. If amending the registered agent and/or registered agent and/or the new registered			enter the name of the	
Name of New Registered Agent:	N/A	<u> </u>		
нате ој нем кедімегей ядет.	N/A	·		
		(Flo	orida street address)	
New Registered Office Address:				
	N/A		N/A , Florida	
		(City)	(Zip Code)	
ew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			the obligations of the position.	
_	S	Signature of New Registe	red Agent, if changing	

id address of each ttach additional sho ease note the office = President; V= Vi	Officer and/or Deets, if necessary) or/director title by the ice President; T= 1 FO = Chief Finance	rector being added: he first letter of the office title: Freasurer: S= Secretary: D= Directial Officer. If an officer/director he	each officer/director being removed and title, name, tor; TR = Trustee; C = Chairman or Clerk; CEO = Chief olds more than one title, list the first letter of each office
	s leaves the corpor	ation, Sally Smith is named the V a	listed as the PST and Mike Jones is listed as the V. There is nd S. These should be noted as John Doe, PT as a Change,
xample: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> Mik	n Doe e Jones y Smith	
ype of Action Theck One)	<u>Title</u>	<u>Name</u>	Address
Change Add	D	Herek L. Clack	2350 Hayward, 169 EWRE Ann Arbor, MI 48109-2125
Remove) × Change Add	VTD	Joseph Wolf	3332 SEVILLE ST WEST JACKSONVILLE, FL 32207
Remove	SD	Ana Puga, MD	1905 N OCEAN BLVD #4D FT LAUDERDALE, FL 33305
) × Change	PD	Michael J Barton	7626 Solimar Circle Boca Raton, FL 33433

__ Remove ____ Change ____ Add ____ Remove) ____ Change ____ Add ____ Remove . If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) <u>//A</u>

ffective date if applicable:	4 00 1 0	on an o. J	ate)	
ne date of each amenoment(s) adoption: [10/24/2020			, if other than the
				·
				
				
				

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

doption of Amendment(s)

ated	11/14/2020
ignatu	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Michael J. Barton
	(Typed or printed name of person signing)
	Board of Directors Chair and President

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.