

N210000009127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

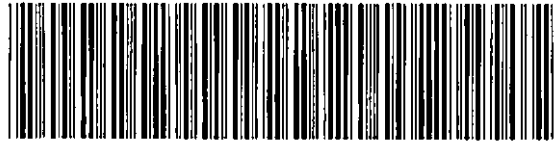
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Autism Welcomed Decal Symbol

DOCUMENT NUMBER: N21000009127

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Hart

Name of Contact Person

Autism Welcomed Decal Symbol

Firm/ Company

P.O. Box 609

Address

Wellborn , FL 32094

City/ State and Zip Code

smaartmom@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oda Price at (386) 931-9678
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|---|

(Check #
1016)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

NORTH FLORIDA SELECT INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N21000009127

(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:

Autism Welcomed Decal Symbol Inc

The new

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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3375 150th Place

Lake City, FL 32024

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 609

Wellborn, FL 32094

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: Angela Hart

P.O. Box 609

(Florida street address)

New Registered Office Address:

Wellborn

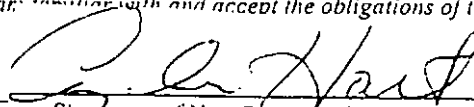
(City)

Florida 32094

(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 PT John Doe

X Remove V Mike Jones


X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>PTD</u>	<u>Angela Hart</u>	<u>3375 150th PL, LAKE CITY, FL 32094</u>
<u> </u> Add			<u>P.O. Box 609, Wellborn, FL 32094</u>
<u> </u> Remove			
2) <u> </u> Change	<u>P</u>	<u>Oda Price</u>	<u>3360 150TH PL</u>
<u> </u> Add			<u>LAKE CITY, FL 32024</u>
<u>X</u> Remove			<u>3360 150th PL</u>
3) <u> </u> Change	<u>VP</u>	<u>William Price</u>	
<u> </u> Add			<u>LAKE CITY, FL 32024</u>
<u>X</u> Remove			
4) <u> </u> Change	<u>TREA</u>	<u>Jessie M. Shepard</u>	<u>1292 SW UTAH ST.</u>
<u> </u> Add			<u>FORT WHITE, FL 32038</u>
<u>X</u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

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

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 8-1-23

Signature 

(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)

Angela Hart
(Typed or printed name of person signing)

PTD

(Title of person signing)