

N23000010387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

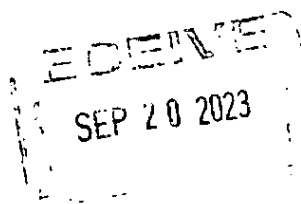
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10/20/23--01010--018 **35.00



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2023

GAIL WALTER
107 LONGWOOD AVE
ROCKLEDGE, FL 32955

SUBJECT: SATC COMMUNICATION CULTIVATION ACADEMY, INC
Ref. Number: N23000010387

We have received your document for SATC COMMUNICATION CULTIVATION ACADEMY, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please date and sign the last page. (*fixed*)

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.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 623A00024457

623A00024457-2 10/20/23

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SATC COMMUNICATIONS CULTIVATION ACADEMY, INC.

DOCUMENT NUMBER: N23000010387

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

Please return all correspondence concerning this matter to the following:

GAIL WALTER

(Name of Contact Person)

Speech Avenues Therapy Co.

(Firm/ Company)

107 Longwood Ave

(Address)

Rockledge, FL 32955

(City/ State and Zip Code)

Gail@Speechavenues.com

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

For further information concerning this matter, please call:

GAIL WALTER

(Name of Contact Person)

at 321-338-2419

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|---|---|--|--|
| <input checked="" 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 type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SEP 20 2023

SEP 20 2023

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Articles of Amendment
to
Articles of Incorporation
of

SATC Communication Cultivation Academy, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N23000010387

(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:

_____ 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)

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:

(City)

_____, 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

9/27/07 - 2:19:12

ATL

ARTICLE IX:

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section of any future federal tax code; or shall be distributed to the federal government, or to a state or local government, for a public purpose.

9/19/07 - 2:19:12

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)
1/ _____ members and the number of votes cast for the amendment(s)

- ☐ 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 10/30/23

Signature Gail Walter
(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)

Gail Walter
(Typed or printed name of person signing)

Treasurer; Acting Chair for
(Title of person signing) ~~Speech Aides~~
(SATC) Speech Avenues
Therapy Co

10/30/23 2:09:12 PM