

# N37412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

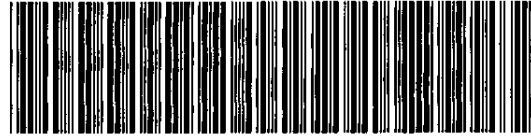
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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600208394726

*Amended*

06/03/11--01005--010 \*\*35.00

FILED  
2011 JUN 16 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR*  
*6/16/11*

*\*00789, 06422, 00671*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2011

Candy Partee  
Suncoast Center for Independent Living  
2989 Fruitville Rd #101  
Sarasota, FL 34237

SUBJECT: SUNCOAST CENTER FOR INDEPENDENT LIVING, INC.  
Ref. Number: N37412

We have received your document for SUNCOAST CENTER FOR INDEPENDENT LIVING, 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):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 811A00013941

RECEIVED

11 JUN 16 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Suncoast Center For Independent Living, Inc.

**DOCUMENT NUMBER:** 037412

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

Please return all correspondence concerning this matter to the following:

Alexis Martin  
(Name of Contact Person)

Suncoast Center For Independent Living, Inc.  
(Firm/ Company)

2989 Fruitville Rd #101  
(Address)

Sarasota FL 34237  
(City/ State and Zip Code)

Alexis @ scil4u.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Martin at ( 941 ) 351-9545  
(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:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

It's  
been sent in.  
(initials)

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2011 JUN 16 AM 11:43

Suncast Center For Independent Living, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

037412

(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:

Alexis Martin

New Registered Office Address:

2989 Fruitville Rd #101

(Florida street address)

Sarasota

(City)

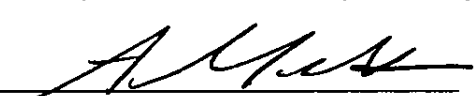
Florida FL

(Zip Code)

34237

**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

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 6-13-11  
(date of adoption is required)

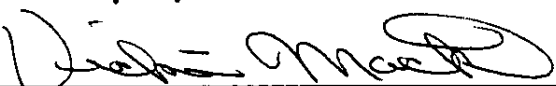
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

☐ 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 6/13/11

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)

Vicke mack  
(Typed or printed name of person signing)

Treasurer  
(Title of person signing)