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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(407) 425-8500 Phone : (407)244-5288

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALLIANCE OF THE SPACE COAST, INC.

Certificate of Status	0
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Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



Articles of Amendment to Articles of Incorporation

of .	
ALLIANCE OF THE SPACE COAST, INC. (Name of Corporation as currently filed with the Florida Dept. of State)	,
N9300001179	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation ad imendment(s) to its Articles of Incorporation:	opts the following
. If amending name, enter the new name of the corporation;	
Florida Abolitionist, Inc.	The new
ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation " Company" or "Co." may not be used in the name.	Corp." or "Inc."
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	*
	}***
· · · · · · · · · · · · · · · · · · ·	
. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	
(Manually address MAT BE A TOST OFFICE DOA)	
. 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:	
, Florida, Zi	
1	p Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the po	sition. 3 S
Signature of New Registered Agent, if changing	1.136 E. 136
Page 1 of 4	7 1
	2

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 Do Mike Jo Sally St	ones			
Type of Action (Check One)	<u>Title</u>		Name		Addr es s	
1) Change		_		•		
Remove						· · · · · · · · · · · · · · · · · · ·
2) Change Add		-			•	
Remove 3)Change		_				
Add				٠	· · · · · · · · · · · · · · · · · · ·	
4) Change		-	<u> </u>			
Add						
5) Change		- .				
Remove						
5) Change Add		-		·		
Remove						

if amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)		
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The date of each amendmen	nt(s) adoption:	, if other than the
date this document was signe	d.	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes east for the amendment(s) approval.	
There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	10/17/2013	
Signature	- 1/4 /h	
(By th	e chairman or vice chairman of the board, president or other officer-if directors per been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	_ ,
TOMAS	S J. LARES, JR.	
	(Typed or printed name of person signing)	
Preside	ent	
	(Title of person signing)	