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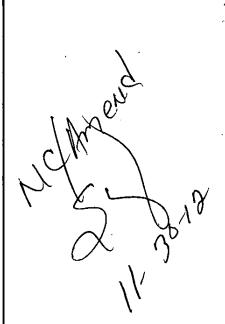
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,

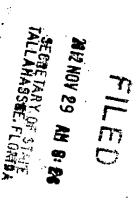
Office Use Only



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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Toby (	Center for Far	nily Transitions, Inc.
DOCUMENT NUMBER: N9400003	488	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Mark Roseman		
	(Name of Contact Person	n)
The Toby Center		
	(Firm/ Company)	
4731 W. Atlantic Avenue	e, Suite B-1	8
	(Address)	
Delray Beach, FL 33445	ı	
	(City/ State and Zip Cod	e)
tobycenter@aol.c	om	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Mark Roseman	<sub>at (</sub> 561	, 265-5400
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
\$35 Filing Fee \$\sum \text{Certificate of Status}\$		Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

**Articles of Amendment** Articles of Incorporation

## TALLAHASSEE, FLORIDA

## The Toby Center for Family Transitions, Inc.

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

N94 00000

(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:
Children's Rights Council of Florida, Inc.
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:  151 NW 154 AVENUE
(Principal office address MUST BE A STREET ADDRESS) De Way Beach, FL 33444
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  4731 W. Atlantic Mu.
Suite B-18
Devay Beach, FL 33445
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: Mark Roseman Alahua Suite B-18
Name of New Registered Agent: Mark Roseman  473/W-A+lantiz Allenue Suite B-18  (Florida street address)
New Registered Office Address:  Delray Beach, Florida 33445  (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered ogens. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing
Page 1 of 4 (Same agent Typess)

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	V Mike	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	·
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<del> </del>		
Add			·
Remove			
2) Change	<del></del>	·	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	<del></del>		<u> </u>
Remove			
Kelliove			<del></del>
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)
O Change organization name:  From: The Toby Center for family Transition
to: Children's Rights Council of Florida, Inc
2) Change oganization mailing andress from: 1100 S. Federal Highway, Sate 3 Boynton Beach H 33437
Delvay Beach, FC 33445
3) Change organization place of business from: 1100 5, Federal Hyway, Suite 3
Delray Beach FL 33/44
(4) Change registered Agent Address to: 4531 West Atlantic AVE, Suite B-18 Delray Beach, FC 33445

The date of each amendment(s) adoption: November 30, 20,
Effective date <u>if applicable</u> :
(no more than 90 days after amendment file date)
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
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 // 20-/2
(By the 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)
MARK ROSEMAN
(Typed or printed name of person signing)  President Executive Director  (Title of person signing)