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N94000004123

| (Requestor's Name) | | |
|---|-------------|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT | MAIL | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Sta | atus | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

| • | | |
|---|-----------------------------------|--|
| NAME OF CORPORATION: Parent-To-Pa | arent of St. | Lucie County, Inc. |
| DOCUMENT NUMBER: N940000412 | 23 | |
| The enclosed Articles of Amendment and fee are submitted | | |
| Please return all correspondence concerning this matter to t | he following: | |
| Linda McCabe-Huber | | |
| | ne of Contact Person) | |
| | | |
| • | (Firm/ Company) | |
| 3020 SW Captiva Ct. | | |
| | (Address) | |
| Palm City, FL 34990 | | |
| (City | / State and Zip Code) | |
| lindamchuber@com | cast.net | |
| E-mail address: (to be used for f | | etification) |
| For further information concerning this matter, please call: | | |
| Linda McCabe-Huber | ,772 | 781-9495 |
| (Name of Contact Person) | (Area Cod | e & Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable | to the Florida Depart | ment of State: |
| \$35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$4 \\ Certificate of Status \text{ Certified Co} \\ (A \) enclosed) | | □\$52.50 Filing Fee cate of Status Certified Copy py is |
| | , | enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Division Clifton E 2661 Exc | ent Section of Corporations |

Articles of Amendment Articles of Incorporation of

| Parent-to-Parent of St. Lucie County, Ir | IC. |
|--|-----|
|--|-----|

(Name of Corporation as currently filed with the Florida Dept. of State) N94000004123

(Document Number of Corporation (if known)

| . If amending name, enter the new name of the co Parent-to-Parent of the Treasure | |
|---|--|
| ame must be distinguishable and contain the word "a Company" or "Co." may not be used in the name. | corporation" or "incorporated" or the abbreviation "Corp." o |
| Enter new principal office address, if applicable | e: 2403 NE Marlberry Lane |
| Principal office address <u>MUST BE A STREET ADDRE</u> | |
| | · |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | P.O. Box 365 |
| (| |
| | Palm City, FL 34991 |
| If amending the registered agent and/or registered new registered agent and/or the new registered | red office address in Florida, enter the name of the |
| | red office address in Florida, enter the name of the |
| new registered agent and/or the new registered | red office address in Florida, enter the name of the |
| Name of New Registered Agent: | red office address in Florida, enter the name of the office address: |

Page 1 of 4

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.

| X Remove V Mike Jones X Add SV Sally Smith Type of Action (Check One) Title Name Address Address I) Change Add Add X Remove T KIMBERLY FALSEY PORT ST. LUCIE; FL 3 | |
|---|--------|
| Type of Action (Check One) Title Name Address 1) Change Add Add Remove T KIMBERLY FALSEY 449 SW NATIVITY TER Add PORT ST. LUCIE; FL 3 | |
| (Check One) 1) Change Add Add Remove Add PORT ST. LUCIE; FL 3 | |
| Add PORT ST. LUCIE; FL 3 X Remove | |
| | |
| 2) X Change TS LINDA MCCABE-HUBER 3020 SW CAPTIVA CT. Add PALM CITY, FL 34990 | · |
| 3) Change | |
| 4) Change | |
| 5) Change | CLE NO |
| 6) Change D MARGARET PONTE 1466 SW ALLIGATOR S Add Remove PALM CITY, FL 34990 | ST |

| E. If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) |
|---|---------------|
| N/A | |
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| Γhe | The date of each amendment(s) adoption: | | | | |
|-----|--|--|--|--|--|
| eff | ctive date if applicable: JANUARY 1, 2012 | | | | |
| | (no more than 90 days after amendment file date) | | | | |
| Ado | option 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 12/27/11 | | | | |
| | Signature Kinda McCabe-Huber | | | | |
| | (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) | | | | |
| | LINDA MCCABE-HUBER | | | | |
| | (Typed or printed name of person signing) | | | | |
| | SECRETARY/TREASURER | | | | |
| | (Title of person signing) | | | | |