

N97000003092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

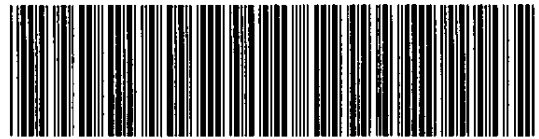
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2009 APR -1 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Amend

TB

4/3/09



Pamela T. Karlson, P.A.

Pamela T. Karlson
Attorney at Law

301 Dal Hall Boulevard
Lake Placid, Florida 33852

(863) 465-5033
Fax (863) 465-6022

e-mail: ptkpa@ptkpa.net

March 31, 2009

Sent via Federal Express

Division of Corporations
Attn: Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: The Mid-Florida Center for Mental Health and Substance Abuse Services,
Inc.
EIN: 59-3458995
Our File No. 102-09

Dear Sir/Madam:

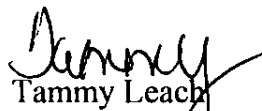
Enclosed herewith, please find the following for your review concerning the above:

1. Check No. 29770 in the amount of \$35.00
2. Cover Letter
3. Articles of Amendment to Articles of Incorporation
4. Amendment changing officers (President and Vice President - 2 pages)
5. Adoption of Change
6. Copy of Minutes from meeting

Should you require additional information to process this request, please contact me immediately at **863-385-5023**.

Sincerely,

PAMELA T. KARLSON, P.A.


Tammy Leach
Legal Assistant

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE MID-FLORIDA CENTER FOR MENTAL
HEALTH AND SUBSTANCE ABUSE SERVICES, INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

TAMMY LEACH

(Name of Contact Person)

PAMELA T. KARLSON, P.A.

(Firm/ Company)

301 DAL HALL BLVD.

(Address)

LAKE PLACID, FL 33852

(City/ State and Zip Code)

For further information concerning this matter, please call:

TAMMY LEACH

(Name of Contact Person)

at (863) 385-5023

(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

**Articles of Amendment
to
Articles of Incorporation
of**

THE MID-FLORIDA CENTER FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES,
(Name of Corporation as currently filed with the Florida Dept. of State) INC.

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (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.

N/A

Signature of New Registered Agent, if changing

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2009 APR -1 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	SELVIN MCGAHEE	P.O. BOX 1302 SEBRING, FL 33871	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	BOBBY WALKER	704 WALKER AVE. SEBRING, FL 33870	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	BOBBY WALKER	704 WALKER AVE. SEBRING, FL 33870	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

SEE ATTACHED SHEET

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>VP</u>	<u>ARTHUR J. COX, SR.</u>	<u>1705 WOODHIEL PL.</u> <u>JACKSONVILLE, FL</u> <u>32256</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

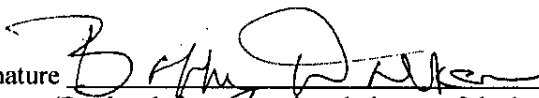
The date of each amendment(s) adoption: MARCH 26, 2009

Effective date if applicable: 3/26/09
(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 MARCH 31, 2009

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)

BOBBY WALKER
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)