

N97000004242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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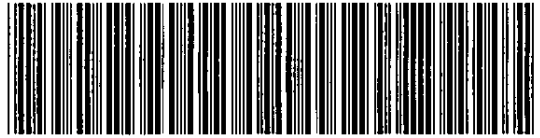
(Business Entity Name)

(Document Number)

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08/25/09--01020--001 \*\*43.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 16 AM 8:16

N.C.

C.COULLIETTE

SEP 16 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

NAME OF CORPORATION: Space Coast ~~Coast~~ <sup>Assoc. of Death Education</sup> ~~Education~~  
Attiance, Inc. and Counseling, Inc.

DOCUMENT NUMBER: N97000004242

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

Please return all correspondence concerning this matter to the following:

Lynnda Markham, RA  
(Name of Contact Person)

(Firm/ Company)

237 Shore Lane  
(Address)

Indian Harbour Beach, FL 32937  
(City/ State and Zip Code)

lyn damarkham @ earthlink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynnda Markham at (321) 777-1933  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 27, 2009

LYNDA MARKHAM  
237 SHORE LANE  
INDIAN HARBOUR BEACH, FL 32937

\* SUBJECT: SPACE COAST CHAPTER OF THE ASSOCIATION FOR DEATH  
EDUCATION AND COUNSELING, INC.  
Ref. Number: N97000004242

We have received your document for SPACE COAST CHAPTER OF THE  
ASSOCIATION FOR DEATH EDUCATION AND COUNSELING, INC. and  
check(s) totaling \$43.75. However, the enclosed document has not been filed  
and is being returned to you for the following reason(s):

\* The current name of the entity is as referenced above. Please correct your  
document accordingly.

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) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 509A00028916

\* Our amendment is to change  
name.

RECEIVED  
2009 SEP 13 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Space Coast Chapter of the Association For Death Education and Counseling,  
(Name of Corporation as currently filed with the Florida Dept. of State) Inc.

N 970000004242

(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:**

Space Coast Grief Alliance, Inc.

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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 16 AM 8:11

**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:

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.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

**E. If amending or adding additional Articles, enter change(s) here:**

[illegible]

The date of each amendment(s) adoption: 8-4-09

Effective date if applicable: 10-4-09  
(date of adoption is required)  
(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 8-4-09

Signature Lynda Markham, Treasurer  
(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)

Lynda Markham  
(Typed or printed name of person signing)

TREASURER  
(Title of person signing)