

N97000004242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

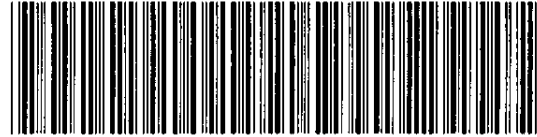
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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N.C.

C.COULLIETTE

NOV 17 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2009

LYNDA MARKHAM
237 SHORE LANE
INDIAN HARBOUR BEACH, FL 32937

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

I am sending you a copy of the amendment filing that was done in September. As you will see the name is not showing the word "education" anywhere the the new name. If you need this name to show as stated in your letter unfortunately you would have to file another amendment with that name.

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: 109A00035173

COVER LETTER

TO: Amendment Section
Division of Corporations

SPACE COAST GRIEF ALLIANCE, Inc.
(formerly)

NAME OF CORPORATION: SPACE COAST CHAPTER OF THE
ASSOCIATION FOR DEATH EDUCATION AND COUNSELING,
Inc.

DOCUMENT NUMBER: NI 97000004242

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

Please return all correspondence concerning this matter to the following:

Lynda Markham
(Name of Contact Person)

SPACE COAST GRIEF EDUCATION ALLIANCE, Inc.
(Firm/ Company)

237 Shore Lane
(Address)

INDIAN HARBOUR BEACH, FL 32937
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Lynda 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

Articles of Amendment
to
Articles of Incorporation
of

Space Coast Grief Alliance Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
N97000004242
(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 Education 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)

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

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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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<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)

[illegible]

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

Effective date if applicable: 11/11/09 (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)