

PD60000141214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2010 FEB 11 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/C

TB

FEB 12 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BRIGHT FUTURES FOR SPECIAL NEEDS, INC.

DOCUMENT NUMBER: P06000141214

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

Please return all correspondence concerning this matter to the following:

MARY D. SWINDLE

Name of Contact Person

ADVANCED CARE AGENCY, INC.

Firm/ Company

212 SHANGRI-LA CIRCLE

Address

EDGEWATER, FL 32132

City/ State and Zip Code

SPEEDWAY24@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY D. SWINDLE

Name of Contact Person

at (386) 478-0399

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

Mary D. Swindle
212 Shangri La Circle
Edgewater, FL 32132-2218

February 2, 2010

Attn.: Teresa Brown
Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Name Change Ref. Number: P06000141214

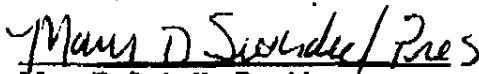
Dear Ms. Brown,

I recently tried to change the name of my corporation from Bright Futures for Special Needs, Inc. to Advanced Care Agency, Inc. I received notice from you that the name was unavailable as it was already being used. I had formed the corporation with that name and dissolved it at the same time I wanted to change the name of my existing corporation.

Please allow this letter to serve as my guarantee that I will not revoke the dissolution of Advanced Care Agency, Inc. - P09000075498 and do hereby release the name Advanced Care Agency, Inc. to be used as the name change to Bright Futures for Special Needs, Inc. - P06000141214.

Thank you for your help in clearing up this matter. If additional information is needed, please contact me at 386/428-6611.

Sincerely,


Mary D. Swindle, President
Advanced Care Agency, Inc.

2010-02-02 11:00
RECEIVED
FEB -4 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2010

MARY D SWINDLE
212 SHANGRI-LA CIRCLE
EDGEWATER, FL 32132

SUBJECT: BRIGHT FUTURES FOR SPECIAL NEEDS INC.
Ref. Number: P06000141214

We have received your document for BRIGHT FUTURES FOR SPECIAL NEEDS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P09000075498 - ADVANCED CARE AGENCY, INC..

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 510A00001073



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2010

MARY D SWINDLE
212 SHANGRI-LA CIRCLE
EDGEWATER, FL 32132

SUBJECT: BRIGHT FUTURES FOR SPECIAL NEEDS INC.
Ref. Number: P06000141214

We have received your document for BRIGHT FUTURES FOR SPECIAL NEEDS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 710A00002949

Articles of Amendment
to
Articles of Incorporation
of

BRIGHT FUTURES FOR SPECIAL NEEDS, INC.

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

P06000141214

(Document Number of Corporation (if known))

FILED
2010 FEB 11 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ADVANCED CARE AGENCY, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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)

(City)

_____, Florida
(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

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>
VP	SHIRL DENISE SHEPPARD	1321 PAR AVENUE ORMOND BEACH, FL 32174	<input type="checkbox"/> Add <input checked="" 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)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

ALL SHARED PREVIOUSLY ISSUED TO SHIRL DENISE SHEPPARD ARE
 TRANSFERRED TO MARY D. SWINDLE.

The date of each amendment(s) adoption: 1/1/2010
(date of adoption is required)
Effective date if applicable: 1/1/2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 1/4/2010

Signature Mary D Swindle Mary Diane Swindle 2/9/10

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARY D. SWINDLE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)