

P08000000315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

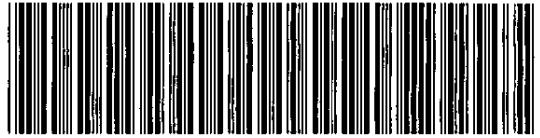
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2008 JUN -3 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend AC  
Tlewer's  
6-3-08

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: STEVEN HANS SCHOOL FOR AUTISM, INC.

DOCUMENT NUMBER: 108000000315

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

Please return all correspondence concerning this matter to the following:

SHIRLEY GIL  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

4909 NW 92<sup>ND</sup> AVENUE  
(Address)

SUNRISE FLORIDA  
(City/ State and Zip Code)

For further information concerning this matter, please call:

SHIRLEY GIL at ( 954 ) 394 5245  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

**STEPSS Academy of Davie, Inc**  
**Formally known as Steven Hand School for Autism, Inc**  
**4188 S. University Drive**  
**Davie, Florida 33328**  
**Mrs. Shirley Gil**  
**(954) 394 5245**

**Thelma Lewis**  
**Division of Corporations**  
**PO Box 6327**  
**Tallahassee FL 32314**

**April 21<sup>st</sup> 2008**



**Dear Mrs. Lewis,**

**Thank you so much for your help. I enjoyed speaking with you on Monday, April 21<sup>st</sup> via telephone.**

**Enclosed are the articles of amendment for the above corporation including the changes you requested showing the acceptance by the new registered agent, Shirley Gil. As you know, this was omitted from the original filing back in January. I was hoping there were no additional filing fees beyond the additional \$35 fee paid back when our original articles of amendment was filed. If there are any additional questions please contact me by email at [kappeljt@yahoo.com](mailto:kappeljt@yahoo.com).**

**Your time and effort in this matter is much appreciated.**

**Sincerely,**

  
\_\_\_\_\_  
**Shirley Gil, Registered Agent**  
- 

4/21/08  
Date  
5/21/08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUN -3 AM 8:00

RECEIVED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2008

SHIRLEY GIL  
4909 N.W. 92ND AVENUE  
SUNRISE, FL 33321

SUBJECT: STEVEN HAND SCHOOL FOR AUTISM, INC.  
Ref. Number: P08000000315

We have received your document for STEVEN HAND SCHOOL FOR AUTISM, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 108A00008141

of

STEVEN HANS SCHOOL FOR AUTISM INC.

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

P08000000315

(Document number of corporation (if known))

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

**NEW CORPORATE NAME (if changing):**

STEPSS ACADEMY OF DAVIE, INC

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE II - The principal place of business address  
will be changed to: 4188 South UNIVERSITY DR  
DAVIE FL 33328

ARTICLE V - The name and Florida street address of the  
registered agent is changed to: Shirley Gil

4909 NW 92ND AVENUE SUNRISE FL 33321

I AM FAMILIAR WITH THE OBLIGATIONS OF THIS POSITION

SHIRLEY GIL

SHIRLEY GIL WILL NOW BE PRESIDENT & A DIRECTOR.

ADDRESS: 4909 NW 92 AVE (Attach additional pages if necessary)  
SUNRISE FL 33321

If an amendment provides for 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)

(continued)

Effective date if applicable:

April 21, 2008

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

- ☐ The amendment(s) was/were approved 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.

Signature

Benedicto N. Padron

(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)

BENEDICTO N. PADRON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

I AM FAMILIAR WITH ALL THE CHANGES ABOVE AND  
ACCEPT THE POSITION AS REGISTERED AGENT.

FILING FEE: \$35

Shirley Gil  
SHIRLEY GIL AS  
REGISTERED AGENT