# P16000015932

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Amend

**SEP** 1.8 2018

#### **COVER LETTER**

4.

**TO:** Amendment Section Division of Corporations

11, Inc.
ibmitted for filing.
tter to the following:
Name of Contact Person
Firm/ Company
02
Address
5
City/ State and Zip Code
sed for future annual report notification)
se call:
at ()
Area Code & Daytime Telephone Number
payable to the Florida Department of State:
□S43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$62.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle

Tallahassee, FL 32301

### Bart T. Barta

125 Calle El Jardin, Unit 102, Saint Augustine, FL 32095 | (305) 7330075 | Bart@AutismSafety101.com

September 14, 2018

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Document Number P16000075932

## To Whom it May Concern:

I am the President and Registered Agent for Autism Safety 101, Inc., a registered corporation with the Florida Department of State – Division of Corporations. I've recently moved and would like to change my new residential address with the Division of Corporations. Enclosed is the completed forms requesting only the change of my new residential address. This is the only change being requested at this time. Please contact me at (305) 733-0075 or at Bart@AutismSafety101.com if you need any assistance from me. Thank you for your attention to this matter.

Sincerely,

Bart Barta

#### Articles of Amendment to Articles of Incorporation of

AUTISM SAFETY 101 INC.

(Nama	of Corporation as curre	ntly filed with the Flori	de Dant of State)		
( <u>Ivaine</u>	P1600007	<u> </u>	ua Dept. of State)		
	(Document Number	of Corporation (if know	m)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is <i>Florida Profit Corpor</i>	ration adopts the fo	ollowing amendm	ent(s) to
A. If amending name, enter the new n	ame of the corporation:				
Not Applicable				The nev	107
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc." or	"Co". A professional		the abbreviation	n
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A		- 2	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	2	28 SEP 17	FILED
D. If amending the registered agent an new registered agent and/or the ne			the name of the		
Name of New Registered Agent	Not Applicable				
	125 Calle El Jardin, U	nit 102			
	(Florida .	street address)			
New Registered Office Address:	Saint Augustine		, Florida	32095	
		(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ligations of the pos	sition.	
		Revistered Agent if che			
	MORALITY OF NEW	i Kewsterea Agent it che	เทตเทต		

# 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			**
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
Kemove			
6) Change			
Add			
Remove			

E. <u>If amendi</u> (Attach ada	ng or adding additional Artic ditional sheets, if necessary).	cles, enter change( (Be specific)	s) here:		
Not Applicat		(are all earlies)			
	<del></del> -			· -	- · · -
			<del> </del>		<u>.</u>
	<u> </u>		<del></del>		
	,				
			_		
<del></del>					
f. If an amer	ndment provides for an exching the amer	ange, reclassificat idment if not cont	<u>ion, or cancellatio</u> ained in the amen	n of issued shares, dment itself:	
(if no	ot applicable, indicate N/A)				
N/A					
	<u> </u>				
			· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) ad	N/A option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	l not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	ted by the incorporators without shareholder action and shareholder	
Septembe Dated	er 14, 2018	
Signature	Past = . L	
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)	
	Bart Barta	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)