711027

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COVER LETTER

TO: Amendment Section Division of Corporations

THE BREVARI NAME OF CORPORATION:	ASSOCIATION FO	R THE ADVAN	CEMENT OF THE	= BLIND, 	INC.
711027 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this n	natter to the following:				
DIANA FIGUROA ESQ					
	(Name of Contact	Person)			
THE BREVARD ASSOCIATION FOR THE A	DVANCEMENT OF T	THE BLIND, IN	C.		
	(Firm/ Compa	ny)			
674 SOUTH PATRICK DRIVE					
	(Address)	······	<u>-</u>		
SATELLITE BEACH, FL 32937				٠.	202
	(City/ State and Zi	p Code)	·-·		-:-
PRESIDENT@BAABHELPFORTHEBLIND.C	ORG				- <u>-</u>
E-mail address: (to be	used for future annual r	eport notificatio	n)		T.
For further information concerning this matter, ple	ease call:			• •	:6 114
DIANA FIGUROA ESQ		321	259-3100	. 1	<u> </u>
(Name of Contact Per		(Area Code)	(Daytime Telepho	one Numb	er)
Enclosed is a check for the following amount mac	le payable to the Florid	a Department of	State:		
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat		Certif is Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	7 1 1	Street Address Amendment Sect Division of Corp The Centre of T 2415 N. Monro	orations	0	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE BREVARD ASSOCIATION FOR THE ADVANCEMENT OF THE BLIND, INC.

(Name of Corporation as currently filed with the	e Florida D	ept. of State)		
711027				
(Docum	nent Numbe	er of Corporation (if know	n)	
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For P</i>	rofit Corporation adopts the	following
A. If amending name, enter the new name of the	e corporati	on:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	i "corporat <u>e</u> .	ion" or "incorporated" o	or the abbreviation "Corp." o	or "Inc."
B. Enter new principal office address, if applica	hle:	N/A		
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)		
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A		2021
				; <u>.</u>
				1
D. If amending the registered agent and/or regi	stered offic	ce address in Florida, en	ter the name of the	, <u>T</u>
new registered agent and/or the new register	ed office a	ddress:	,	نۍ ،
Name of New Registered Agent:	DIANA F	IGUROA ESQ		: = =
	3760 W	EAU GALLIE BLVD #10	06	
	 -	(Florid	la street address)	
New Registered Office Address:				
	MELBOU	JRNE	, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I	Registered	Agent:	1	
I hereby accept the appointment as registered agen	it. I am fai	miliar with amil accept the	obligations of the position.	
-	Si	gnature of New Registere	d 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)

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 X Remove X Add		Doe 2 Jones 2 Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change X Add	<u>P</u>	DIANA FIGUROA ESQ	3760 W EAU GALLIE BLVD #10 MELBOURNE, FL 32934
X Remove			GROOME, MAUREEN, DR.
2) Change Add	<u>T</u>	ALISHA STEWART	221 W HIBISCUS BLVD #2060 MELBOURNE, FL 32901
X Remove 3) Change Add Remove			DONALD WYNN RAY
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or ad (attach additional s.		rticles, enter change(s) here:). (Be specific)	
N/A			

The date of each amendment(s) adoption: OCTOBER 28, 2024
OCTOBER 28, 2024
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.

Dated	10/28/2024
Dated	1001 84
Signatu	rc Alisha Stewart
· ·	(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)
	ALISHA STEWART
	(Typed or printed name of person signing)

(Title of person signing)