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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: BOCA Rubon Society For the	<u>Frable</u>
DOCUMENT NUMBER: 715381	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sher's Day e (Name of Contact Person)	
Boca Ration Society for the Disabled, -	Inc.
306 NW 35th Street	
Bo ca Ruben Florida (City/ State and Zip Code)	33431
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (56) 391-4871 (Area Code & Daytime Telephon	e Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\bigsquare{\text{Certificate of Status}}\$ Certificate of Status	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment
Articles of Incorporation
of 1355 18 p.
Spora Rushin Society for the Visable and
(Name of Corporation as currently filed with the Florida Dept. of State)
715381
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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: Sheri Dayf
300 Nin 25th Street
(Florida street address)
New Registered Office Address:
soca haten Florida F 3343
(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.
$\mathcal{A}_{A}}}}}}}}}}$
Signature of New Registered Agent, if changing

Page 1 of 4

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	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	1	Elizabeth Hevert	306 NW 35 Street Do ca Raton, Fl 3343/
2) Change Add	1	Janet Dauro	306 14w 35 Street 20 ca Ratm, Pl 33431
Remove 3) Change Add	5	Roshelle Jones	306 NW 35 Street Boca Rodon, A 33431
Remove 4) Change Add	<u>S</u>	Dyanne Davies	206 NW 35 Street Doca Ruton, Pl 3343
Remove 5) Change Add Remove			
6) Change Add Remove			
Kemove			

F. If amending or adding additional Articles, enter change(s) here	MA
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
·	

The	e date of each amendment(s) adoption:			
Effective date if applicable: 1 1 1 1 1 3 (no more than 90 days after amendment file date)				
,	(no more man so days after amenament file date)			
Ado	option of Amendment(s) (CHECK ONE)			
Ø	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 1/14/13			
	Signature			
	(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)			
	Sheri Daye			
	(Typed or printed name of person signing)			
	tresident of the board of Directors			
	(Title of person signing)			