459 423

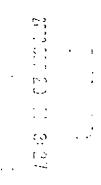
(Req	juestor's Name)	
(Add	iress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	

Office Use Only



100394162751

09/20/22--01009--015 **35.00



6 mens

DEC 1 6 2022 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: United Cerebral F	alsy of North Florida, Inc.
759423 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	
Please return all correspondence concerning this m	atter to the following:
Arthur Breedlove	
	(Name of Contact Person)
United Cerebral Palsy of North Florida, Inc.	
	(Firm/ Company)
1241 B N East Avenue	
	(Address)
Panama City, Fl 32401	
	(City/ State and Zip Code)
artbreedlovetic@yahoo.com	, , , , , , , , , , , , , , , , , , ,
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	
Arthur Breedlove	850 769-7960 - :
(Name of Contact Pers	
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 & ☐\$52.50 Filing Fee 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

United Cerebral Palsy of North Florida, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 759423 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation 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: (Florida street address) New Registered Office Address: , Florida , (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. 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)

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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u> s
Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove		- <u> </u>	
4) Change Add		· · · · · · · · · · · · · · · · · · ·	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet	additions, if neces	nal Articles, enter change(s) here: sary). (Be specific)	
Article IX: Dissolution			
Upon the dissolution of the	corporat	ion, assets shall be distributed for one or more exem	pt purposes within the meaning of
section 501(c)(3) of the In	ernal Rev	venue Code, or the corresponding section of any futu	re federal tax code, or shall be
distributed to the federal g	overnmen	it, or to a state or local government, for a public purp	ose. Any such assets not so
disposed of shall be dispos	ed of by a	a Court of Competent Jurisdiction of the county in wh	nich the principal office of the

	exclusively for such purposes or to such organization or organizations, as said Court shall need and operated exclusively for such purposes.
	and operated exclusively for such purposes.
·	
·	
-	
<u> </u>	
<u></u>	
The date of each amendmen ate this document was signed	t(s) adoption: September 14,2022, if other than th
	September 14, 2022
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
inte: If the date inserted in the ocument's effective date on t	his block does not meet the applicable statutory filing requirements, this date will not be listed as the he Department of State's records.
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes east for the amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
Septebmer 14, 2022 Dated				
Signature Orange would				
(By the chairman of 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)				
Randy Windham				
(Typed or printed name of person signing)				
President				
(Title of person signing)				