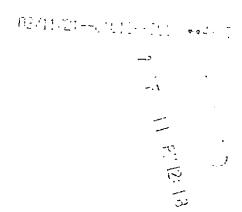
N05000001332

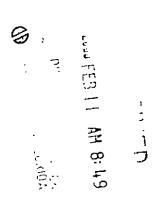
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

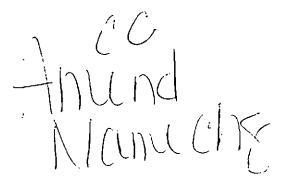
Office Use Only



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FEB 1 2 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

FLORIDA PI NAME OF CORPORATION:	REVENTION ASSOCI	ATION INC	·
N05000007332			
The enclosed Articles of Amendment and fee	are submitted for filing	•	
Please return all correspondence concerning the			
LONA W FORD			
	(Name of Cont	act Person)	
	(Firm/ Cor	mpany)	
POST OFFICE BOX 10376			
	(Addre	ess)	
TALLAHASSEE FL 32302			
	(City/ State and	l Zip Code)	-
LWFORD@FISCALMGMTSOL.COM			
E-mail address: (to	be used for future annu	ial report notification	011)
For further information concerning this matter	, please call:		
LONA W FORD		850 at	980-6160
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Fl	orida Department o	f State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Certificate of		py Certi copy is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)
Mailing Address Amendment Section		Street Address Amendment Sec	tion _

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

FLORIDA PREVENTION ASSOCIATION INC

(Name of Corporation as currently filed with the Florida E	Dept. of State)	
N05000007332		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corporatio</i>	n adopts the following
A. If amending name, enter the new name of the corporat	ion:	
REACHING BEYOND LIMITS INC		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation	on "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2156 GAME BIRD COURT	
(Principal office address MUST BE A STREET ADDRESS	TALLAHASSEE FL 32311	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	POST OFFICE BOX 10376	
	TALLAHASSEE FL 32302	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ce address in Florida, enter the name of	<u>the</u>
Name of New Registered Agent: N/A		
	(Florida street address)	
New Registered Office Address:		
<u> </u>		rida
	(City) (Z	(ip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of t	he position.
	ignature of New Registered Agent, if chang	

and address of each Off (Attach additional sheets Please note the officer/di P = President: V = Vice I	ficer and/or Direct if necessary) frector title by the President; T= Tre = Chief Financial	first letter of the office title: asurer; S= Secretary; D= Director; TR= Tru Officer. If an officer/director holds more the	istev; C = Chairman or Clerk; CEO = Chief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ives the corporation	on, Sally Smith is named the V and S. These s	PST and Mike Jones is listed as the V. There is should be noted as John Doc. PT as a Change,
Example: X Change X Remove X Add	PT John I. V Mike J SV Sally S	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change × Add	DCEO	DARRELL J. FORD	2156 GAME BIRD COURT TALLAHASSEE FL 32311
Remove			
2) Change Add	DCOO_	AARON M. FORD	2156 GAME BIRD COURT TALLAHASSEE FL 32311
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	
N/A	<u>-</u>		

*		
•		
		 -
·		<u> </u>
		
-		

		<u>-</u>
The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocdocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were act was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)	

Dated	2/1/2021
Signature	Malufric.
ı	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator - if in the hands of a receiver, trustee, o
	other court appointed fiduciary by that fiduciary)
	LONA W FORD
	(Typed or printed name of person signing)
	tresident
	(Title of person signing)