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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The SSSN Ste	pping F	orward Fou	ındation,	Inc.
DOCUMENT NUM	BER: N09000001724				
The enclosed Articles	s of Amendment and fee are sub	mitted for	filing.		
Please return all corre	espondence concerning this matt	er to the fo	ollowing:		
		a Carde			
	(Name of	Contact Pe	erson)		
	The SSSN Steppi	ng Forwa	ard Foundatio	n	
	(Firm	/ Company	/)		-
\	2400 E. Com	mercial E	3lvd. #820		
	(A	(ddress)		-	
	Ft. Lauder	dale, FL	33308		
	(City/ Stat	e and Zip	Code)		.
	dana@zime E-mail address: (to be used			otification)	
For further information	on concerning this matter, please	call:			
Dana Cardea		at (954) 202	2-7440	
(Name	of Contact Person)	· · · · ·		Daytime Tel	ephone Number)
Enclosed is a check f	or the following amount made pa	ayable to t	he Florida Depai	rtment of Sta	ite:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certifi	,	Ce Ce (A is	\$52.50 Filing Fee entificate of Status entified Copy additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section Ition of Corporations Box 6327 hassee, FL 32314		Amendment Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	ction porations 3 Center Circle	,

Articles of Amendment to Articles of Incorporation of

The SSSN Stepping Forward Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N09000001724

(Document Number of Co	orporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 617.1006, Florida She following amendment(s) to its Articles of Incorporation	tatutes, this <i>Florida Not For</i> on:	Profit Corporation adopts
. If amending name, enter the new name of the corp	oration:	
The new name must be distinguishable and contain the bbreviation "Corp." or "Inc." "Company" or "Co." m	word "corporation" or "in nay not be used in the name.	ecorporated" or the
B. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(mutting numers MAT BE A TOST OFFICE BOX)		
		·
. If amending the registered agent and/or registered new registered agent and/or the new registered off		nter the name of the
new registered agent and/or the new registered off	ice address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	·	
	(City)	, Florida (Zip Code)
	(Cay)	(Zip Coue)
ew Registered Agent's Signature, if changing Registe		
hereby accept the appointment as registered agent. osition.	I am familiar with and acc	ept the obligations of the
Sionature (of New Registered Agent, if ci	hanging

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)

<u>Title</u>	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter chional sheets, if necessary). (Be specific, to Article III:		
The SSSN S	tepping Forward Foundation's purp	pose is to provide an improv	ed quality
of life for pe	ople who suffer from spinal cord in	juries and other neurologica	l impairments.
The Foundat	ion will help them achieve their go	als, mentally and physically,	with the
ultimate goal	of walking again. The Foundation	will accomplish this through	n a facility
that provides	specialized fitness equipment, an	intense exercise based rec	overy program
carried out o	ne-on-one with trained professiona	ls, state-of-the-art recovery	methods and
alternative m	ethods of therapy. The Foundation	n will also provide motivation	n, education,
support and	encouragement of recovery throug	h trained professionals and	a dedicated
staff. The S	SSN Stepping Forward Foundation	wants to change the perce	ption of
spinal cord in	njury recovery so that people know	recovery is possible.	

The date of each amendment	(s) adoption: <u>08/01/2010</u>
Effective date <u>if applicable</u> :	08/01/2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated Aug	ust 1, 2010
Signature	Nana Cardea
hav	The chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Dana Cardea
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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