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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ION: <u>Central Florida</u>	a Brain Injury Supp	oort Group Inc		
DOCUMENT NUMBER:	N0900000787	9			-
The enclosed Articles of Ar	mendment and fee are subm	itted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
		Andrew J. Philipp	oone		
	(Name of Contact Pers	on)		
	Central Fl	orida Brain Injury	Support Group Inc		
		(Firm/ Company)			
	715	59 Wild Blackberry	· Trail		7.
· · · · ·		(Address)		i.	
	V	Vinter Garden, FL,	34787	·	,
	(City/ State and Zip Co	de)	(1) C.	6:37
		cfbisg@gmail.com		芦荟	ယ
	E-mail address: (to be used	for future annual repor	t notification)		
For further information con	cerning this matter, please of	call:			
	Andrew J. Philippone	at	407-408-6662		
	(Name of Contact Person)		Vrea Code) (Daytime	Telephone Number	er)
Enclosed is a check for the	following amount made pay	able to the Florida De	partment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & □. Certificate of Status	\$43.75 Filing Fee & 5 Certified Copy (Additional copy is enclosed)	\$\$52.50 Filing Fee Certificate of Stat Certified Copy (Additional Copy Enclosed)		
Mailing A	Address	Stree	t Address		

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

(Name of Corporation as currently filed with the Florida De	ept. of State)	
N0900	00007879	
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corporation	on:	
NA		The new
name must be distinguishable and contain the word "corporation" (Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:	7159 Wild Blackberry Trail	
(Principal office address MUST BE A STREET ADDRESS)	Winter Garden, FL, 34787	
-		
C. Enter new mailing address, if applicable:		13
(Mailing address MAY BE A POST OFFICE BOX)	7159 Wild Blackberry Trail	··
_	Winter Garden, FL, 34787	-
		1594
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office	e address in Florida, enter the name of the	6: 3
	Andrew J. Philippone	-1
address: Name of New Registered Agent:	Andrew J. Philippone	
 -	7159 Wild Blackberry Trail (Flurida street address)	
New Registered Office Address:	(Florida Street didress)	
	Winter Garden , Florida 347	87
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered & I hereby accept the appointment as registered agent. I am fam	thidr with and accept the obligations of the position ANdrew J. Philippe	ine_
	nature 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	<u>V Mil</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	<u>T</u>	Theresa Geister	Change in address 5 Pleasant Hill Dr. Debary, FL 32713
Remove 2) Change Add	<u> </u>	Andrew Philippone	7159 Wild Blackberry Trail Winter Garden, FL, 34787
Remove Change Add Remove	<u></u>	Lisa Philippone	7159 Wild Blackberry Trail Winter Garden, FL, 34787
4) Change X Add	<u></u>	Dr. Bradley Daniels	2677 Reagan Trail Lake Mary, FL 32746
Remove 5) X Change Add	D	Jessica Hooke	2329 Coachwood Drive Ocoee, FL 34761
Remove 6) Change Add		<u> </u>	
E. If amending or ac (attach additional s		Articles, enter change(s) here: y). (Be specific)	
			NY CESTATE
			<u>' </u>

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	<u> </u>	
	ASSEE OF	i J
	(Fo. 37)	
The date of each amendment(s) adoption: 4/17/24 date this document was signed.		
Effective date if applicable: 4-19-2024 (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, 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.

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 4-19-2024
Signature : Andrew J. Philippone
(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)
Andrew J. Philippone
(Typed or printed name of person signing)
President
(Title of person signing)

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