

ND9000010353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12 SEP -6 PM 1:11 PM
OFFICE OF THE CLERK
COURT OF COMMON PLEAS

Amend
@ 9.10.12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: National Alliance for Accessibility, Inc.

DOCUMENT NUMBER: N09000010353

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise M. Payne

(Name of Contact Person)

National Alliance for Accessibility, Inc.

(Firm/ Company)

1306 NE 14th Ave. Apt. 1

(Address)

Fort Lauderdale, FL 33304

(City/ State and Zip Code)

denisepayne777@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Payne

(Name of Contact Person)

at 954 224-4111

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

CLERK OF THE
DIVISION OF CORPORATIONS
12 SEP -6 PM 1:14

National Alliance for Accessibility, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N09000010353

(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:

N/A

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**)

Denise M. Payne

1306 NE 14th Ave. Apt. 1

Fort Lauderdale, FL 33304

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:

Denise M. Payne

1306 NE 14th Ave. Apt. 1

(Florida street address)

New Registered Office Address:

Fort Lauderdale

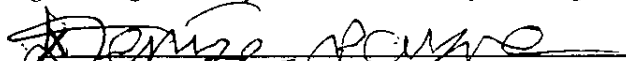
(City)

Florida 33304

(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

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

N/A

The date of each amendment(s) adoption: 08/29/12

Effective date if applicable: 08/29/12
(no more than 90 days after amendment file date)

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 08/29/12

Signature Denise Payne
(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)

Denise M. Payne
(Typed or printed name of person signing)

President
(Title of person signing)