ND9000010358

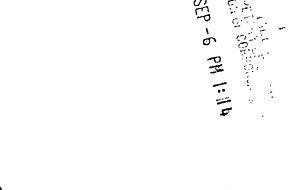
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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TO: Amendment Section

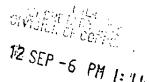
Division of Corporations National Alliance for Accessibility, Inc. N09000010353 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Denise M. Payne (Name of Contact Person) National Alliance for Accessibility, 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) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



National Alliance for Acce	essibility, Inc	C.	- 3EP -6 PM	1:14
(Name of Corporation as currently	filed with the Flo	rida Dept. of State)		
N09000010353				_
(Document)	Number of Corpora	ation (if known)		
Pursuant to the provisions of section 617.10 umendment(s) to its Articles of Incorporation		s, this <i>Florida Not For</i>	Profit Corporation adopts the	followin
A. If amending name, enter the new nam N/A	e of the corporati	on:		
name must be distinguishable and contain t	ha word "cornora	ion" or "incorporated"	or the abbreviation "Corn"	_The nev
"Company" or "Co." may not be used in t		ion or incorporated	or the dobreviation Corp. C	n mc.
B. Enter new principal office address, if		Denise M. Pa	ayne	
Principal office address <u>MUST BE A STR</u>		¹ 1306 NE 14th Ave. Apt. 1		•
		Fort Lauderda	ale, FL 33304	_
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of				_
D. If amending the registered agent and new registered agent and/or the new			enter the name of the	-
Name of New Registered Agent:	Denise M. I	Payne		
	1306 NE 14th Ave. Apt. 1			
<u>New Registered Office Address:</u>		(Florida street address)		
	Fort Laude	rdale	, Florida 33304	
-	(City)		(Zip Code)	
New Registered Agent's Signature, if chall hereby accept the appointment as register	red agent. I am fa		the obligations of the position.	

Signature of New Registered Agent, if changing

Page 1 of 4

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 <math>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</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	<u>VP</u>	Tamara Campbell	9406 Gableton Lane Port Richey, FL 34668
2) Change	<u>VP</u>	Ira Silverstein	309 NE 16 St. C1
X			Fort Lauderdale, FL 33304
Remove			
3) Change	***************************************		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	icles, enter chan (Be specific)	ge(s) here:		
N/A				
				·
			······································	
				
		······································		
				
			····	
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				_

The date of each amendment	t(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/w was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	29/12	
have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Denise	e M. Payne	
	(Typed or printed name of person signing)	
Preside	ent	
	(Title of person signing)	