

N/13000002277

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JUL 24 PM 3:49

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*[Signature]* 7/26/13

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **Disabilities Assistance Payee Services**

DOCUMENT NUMBER: **N13000002277**

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

Please return all correspondence concerning this matter to the following:

**Anthony Alexander**

(Name of Contact Person)

(Firm/ Company)

**483 Rocky Brook Ct**

(Address)

**Casselberry, Florida 32707**

(City/ State and Zip Code)

**aaalexander@dapservices.org**

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

For further information concerning this matter, please call:

**Anthony Alexander**

(Name of Contact Person)

at ( **321** ) **662-6187**

(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 16, 2013

ANTHONY ALEXANDER  
DISABILITIES ASSISTANCE PAYEE SERVICES  
483 ROCKY BROOK COURT  
CASSELBERRY, FL 32707

SUBJECT: DISABILITIES ASSISTANCE PAYEE SERVICES INC.  
Ref. Number: N13000002277

We have received your document for DISABILITIES ASSISTANCE PAYEE SERVICES INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 113A00017346

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Disabilities Assistance Payee Services

13 JUL 24 PM 3:49

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

N13000002277

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:

*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**)

483 Rocky Brook Ct

Casselberry, Florida 32707

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 621141

Orlando, Florida 32862-1141

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:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(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



(attach additional sheets, if necessary). (Be specific)

(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

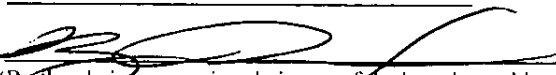
The date of each amendment(s) adoption: 07/10/2013 if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 07/10/2013

Signature   
(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)

Anthony Alexander

(Typed or printed name of person signing)

President

(Title of person signing)