# N13000007128

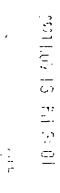
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SULTHERN SUPPORTIVE SErvius INC
DOCUMENT NUMBER: N 13000007128
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Glenn H. Wilder III (Name of Contact Person)
Southern Supportive Services Inc
1655 16th St. South (Address)
St. Petershurg, FL 33705 (City/ State and Zip Code)
Southern Services 4 you Ogmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Glenn Wilder at 727 244-0427. (Name of Contact Person) (Area Code) (Daytime Telephone Number).
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

## Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

## Articles of Amendment

Articles of Incorporation

of

Southern Supportive Services Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N 1300000 7 1 2 0	
(Document Number of Corporation (if known)	<del></del>
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the famendment(s) to its Articles of Incorporation:	following
A. If amending name, enter the new name of the corporation:	
NIA	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or	The new
"Company" or "Co," may not be used in the name.	mt.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(1 Thichai office address most be ASTREET ADDRESS)	
<del>-</del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	. 7
<del></del>	
	<u> </u>
D. If a manding the registered agent and/on registered office address in Classic account.	سسد سام
D. <u>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:</u>	
A. In.	 
Name of New Registered Agent:	
Viv. Davisance (COC) 411	
New Registered Office Address:	
NA Florida	
(City) (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.	
NIA	
Signature of New Registered Agent, if changing	

and address of each Off (Attach additional sheets Please note the officer/di P = President; V = Vice I	icer and/or D , if necessary) rector title by President; T= = Chief Finance	the first letter of the office title: Treasurer; S= Secretary; D= Director; TR= T cial Officer. If an officer/director holds more t	rustee: C = Chairman or Clerk: CFO = Chief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the corpor	ation, Sally Smith is named the V and S. These	e PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example:  X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doc ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	D	Ana Camacho	1655 Noth StS St. Petershing +L 3370
X Remove			·
Change Add		<del></del>	
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			·
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional ats. if necessary	Articles, enter change(s) here: iv). (Be specific)	
NA			

late this document was signed.	NIA		
The date of each amendment(s) adoption: NOV. 8th 2023 if other than the late this document was signed.  Effective date if applicable: NOV. 9th 2023			
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

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 $11 - 9 - 2023$
Signature La 10 T
(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)
Glenn H. Wilder III
(Typed or printed name of person signing)

Chairman, CEO, President, Executive Director
(Title of person signing)