## N130000009134

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

•		
NAME OF CORPORATION:	CENTER FOR A	ACCESSIBILITY, INC.
DOCUMENT NUMBER: N1300009	134	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Douglas Longhini		
	(Name of Contact Person	i)
National Center of Acces	ssibility	
<del></del>	(Firm/ Company)	
5205 SW 141 Ave.		
	(Address)	· · · · · · · · · · · · · · · · · · ·
Miami, FL 33175		
	(City/ State and Zip Code	2)
douglas.longhini@		
E-mail address: (to be used	d for future annual report r	otification)
For further information concerning this matter, please	call:	
Douglas Longhini	786	709-6885
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	rtment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED.

## 2814 DEC 11 PM 4: 18 NATIONAL CENTER FOR ACCESSIBILITY, INC. (Name of Corporation as currently filed with the Florida Dept. of State) DML GALY OF STATE TALL THASSEE, FLORIDA N13000009134 (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: 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. 5205 SW 141 Ave. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33175 C. Enter new mailing address, if applicable: 5205 SW 141 Ave. (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33175 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: Douglas Longhini Name of New Registered Agent: 5205 SW 141 Ave. (Florida street address) New Registered Office Address: Florida 33175 Miami (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.

Page 1 of 4

Signature of New Registered Teent, 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	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	Joe Stringham	435 E. 11 ST. APOPKA, FL 32703
2) Change Add	<u>P</u>	Douglas Longhini	5205 SW 141 Ave. Miami, FL 33175
Remove 3) Change Add			
Remove 4) Change Add		·	
Remove  5) Change Add			
Remove  6) Change  Add  Remove			

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)									
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The date of each amendment(s) adoption: 12/09/14 date this document was signed.	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
(no more man to days type amenament fire 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 12/09/14 Signature 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)	
Douglas Longhini	
(Typed or printed name of person signing)	
President	
(Title of person signing)	