

N140000007818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900288867959

08/15/16--01012--001 **35.00

And

SEP 28 2016

R. WHITE

FILED
16 SEP 27 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2016

TASHAY WRIGHT
7868 REX HILL TRAIL
ORLANDO, FL 32818

SUBJECT: UCA INITIATIVE, INC
Ref. Number: N16000007818

We have received your document for UCA INITIATIVE, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

New articles of incorporation cannot be submitted using articles of correction. You may pick out the new articles that you want added to the articles we have on file, attach them to the articles of correction, and we can add them to what we already have on file, but the articles of incorporation currently on file, cannot be replaced. We will honor the original file date of the articles of correction.

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

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

Rebekah White
Regulatory Specialist II

Letter Number: 016A00017922

RECEIVED 850
16 SEP 27 AM 6:29
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

*O.K. to
use Article
Amendment to
change what
on file per
Rebekah.*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: UCA Initiative, Inc _____

DOCUMENT NUMBER: N16000007818 _____

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

Please return all correspondence concerning this matter to the following:

Tashay Wright

(Name of Contact Person)

UCA Initiative, Inc

(Firm/ Company)

7868 Rex Hill Trail

(Address)

Orlando, FL 32818

(City/ State and Zip Code)

ucainitiative@outlook.com

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

For further information concerning this matter, please call:

Tashay Wright

407-373-8859

(Name of Contact Person)

at _____
(Area Code) (Daytime Telephone Number)

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

- | | | | |
|--|--|---|--|
| <input 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

FILED

16 SEP 27 AM 11:14

UCA Initiative, Inc

SECRETARY OF STATE

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

N16000007818

(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**)*

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:

(Florida street address)

New Registered Office 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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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

AMEND ARTICLE "I" ONE: Please replace current article with article on page 1 of additional attached document.

AMEND ARTICLE "II" TWO: Please replace current article with article on page 1 of additional attached document.

AMEND ARTICLE "III" THREE: Please replace current article with article on page 1 of additional attached document.

AMEND ARTICLE "IV" FOUR: Please replace current article with article on pages 1-2 of additional attached document.

AMEND ARTICLE "V" (FIVE): Please replace current article with article on page 2 of additional attached document.

AMEND ARTICLE "VI" (SIX): Please replace current article with article on page 2 of additional attached document.

AMEND ARTICLE "VII" (SEVEN): Please replace current article with article on pages 2-3 of additional attached document.

AMEND ARTICLE "VIII" (EIGHT): Please replace current article with article on page 3 of additional attached document.

ADD ARTICLES "IX" (NINE) through "XX" (TWENTY). Please see pages 3-8 of additional attached document.

Original electronic articles of incorporation attached in addition to amended and currently adopted Articles of Incorporation
for UCA Initiative, Inc.

The date of each amendment(s) adoption: 8/8/16, if other than the date this document was signed.

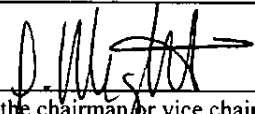
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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)

- ☒ 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 09/20/2016

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)

Tashay Wright

(Typed or printed name of person signing)

President

(Title of person signing)