

N 1900000 6558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

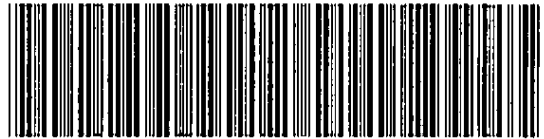
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 FEB 14 AM 8:31
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FEB 14 2020

Amend

FEB 17 2020

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PossAbilities Plus, Inc

DOCUMENT NUMBER: 119000006558

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

Please return all correspondence concerning this matter to the following:

Susan Peters

(Name of Contact Person)

PossAbilities Plus, Inc

(Firm/ Company)

~~1079~~ 1079 ATLANTIC Blvd, Suite 1 and 2

(Address)

Atlantic Beach FL 32233

(City/ State and Zip Code)

possabilitiesplus@gmail.com

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

For further information concerning this matter, please call:

Susan Peters

(Name of Contact Person)

at 904 472 8371

(Area Code) (Daytime Telephone Number)

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED

2020 FEB 14 PM 12:47

already
Pd.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2020

SUSAN PETERS
1709 ATLANTIC BLVD
ATLANTIC BEACH, FL 32233

SUBJECT: POSSABILITIES PLUS INC
Ref. Number: N19000006558

We have received your document for POSSABILITIES PLUS 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 320A00001903



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2020

SUSAN PETERS
1079 ATLANTIC BLVD
ATLANTIC BEACH, FL 32233

SUBJECT: POSSABILITIES PLUS INC
Ref. Number: N19000006558

We have received your document for POSSABILITIES PLUS 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 220A00000767

2020 JAN 27 2:11:17

Articles of Amendment
to
Articles of Incorporation
of

Poss Abilities Plus Inc

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

NI9000006558

(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:

Susan Peters

162 Coral Way

(Florida street address)

New Registered Office Address:

Jacksonville Beach

(City)

Florida 32250

(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.

Susan Peters

Signature of New Registered Agent, if changing

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

- ☐ 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 2/12/20

Signature Susan Peters
(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)

Susan Peters
(Typed or printed name of person signing)

Chief Executive officer
(Title of person signing)