N 1900000 6558

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Amend

FEB 1.7 2220 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: POSSAbilities Plus Inc
DOCUMENT NUMBER: NI 900006558
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
rease return an correspondence concerning this matter to the following.
Susan Peters
(Name of Contact Person)
Poss Abilities Plus Inc. (Firm/ Company)
(Firm/ Company)
1079 ATLANTIC Blud, Suite land 2
(Address)
Atlantic Beach 7L -32233 (City/ State and Zip Code)
(City/ State and Zip Code)
possabilities plus Qamail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
54500 Peters " 904 472 8371
Susan Peters at Goy 472 8371 (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:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status
enclosed) (Additional Copy is
(Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)
→ Mailing Address Street Address
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Mailing Address Amendment Section Division of Corporations The Centre of Tallahassee
Division of Corporations Division of Corporations
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303
Tallahassee, FL 32303



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.

Letter Number: 320A00001903

Irene Albritton Regulatory Specialist II

www.sunbiz.org

0.0 P.O. DOV 0007 M.H. 1 P. 11 0004



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

Articles of Amendment to Articles of Incorporation

of

Poss Abilities Plus	The
(Name of Corporation as currently filed with the Florida D	ept. of State)
N19000006558	
	r of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation	s, this Florida Not For Profit Corporation adopts the following on:
	The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	三 一
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 new registered agent and/or the new registered office agent.	e address in Florida, enter the name of the
Name of New Registered Ayent: 505	an Peters
New Registered Office Address:	Coral Way (Florida) street address)
Jac	KSOINVILLE BEACH, Florida 32250 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
	Naw Peters gnature 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: X Change X Remove X Add		<u>Doe</u> <u>Jones</u> <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)ChangeAdd	CEO	Susan Peters	Med Coralway Jacksonville Boach
Remove			FL 32250
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove E. If amending or add (attach additional she		Page 2 of 4 <u>rticles, enter change(s) here</u> : . (Be specific)	
-			
			-
			
		-	

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		 -
		
	Page 3 of 4	
The date of each amendment(s) adopted date this document was signed.	on:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block de document's effective date on the Department.	oes not meet the applicable statutory filing requirements, this conent of State's records.	late will not be listed as the
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 2 12 20
Signature Sucan Ottos
(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 office (Title of person signing)