## N20000010378

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: STEP RIGHT INDE	EPENDENT LIVING.R	NC	· .
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
MITCHELL DAVIS III			
	(Name of Contact Pers	son)	
STEP RIGHT INDEPENDENT LIVING,INC			
	(Firm/ Company)		
200 2ND AVENUE #350			
	(Address)		
ST. PETERSBURG. FLORIDA 33705			
	(City/ State and Zip Co	ode)	
STEPRIGHT.JLF@GMAIL.COM			
E-mail address: (to be used	for future annual repo	rt notification	1)
For further information concerning this matter, please	call:		
MITCHELL DAVIS III	at	727	282-4491
(Name of Contact Person	(	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida De	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divis	et Address ndment Secti sion of Corpo Centre of Ta	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

STEP RIGHT INDEPENDENT LIVING, INC

(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N20000010378		
(Document N	Number of Corporation (if k	(nown)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "con" "Company" or "Co." may not be used in the name.	poration" or "incorporate	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>PESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	<del></del>	ce [
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	<u>d office address in Florida</u> Tice address:	, enter the name of the
	inc address.	
Name of New Registered Agent:		
	, 1.	Florida street address)
New Registered Office Address:	"	arraid street dadressy
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:	
I hereby accept the appointment as registered agent. 1 a		t the obligations of the position.
	Signature of New Regis	tered 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	PT         John Do           V         Mike Ju           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	ADV	DAVIS, SHOSHAWNA T	200 2ND AVE S ST PETERSBURG, FL 33705
× Remove			
2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
PURPOSE - Said organiz	ation is organized	l exclusively for charitable, religious, education	onal, and scientific purposes,
		distributions to organizations that qualify as o	
		Code, or corresponding section of any future	

DISSOLUTION - Upon the dissoluti	on of this organization, assets shall be distributed for one or more exer	inpt purposes
within the meaning of section 501 (c	) (3) of Internal Revenue Code, or corresponding section of any future	federal tax code
or shall be distributed to federal gove	ernment, or to a state or local government, for a public purpose.	
	<u> </u>	
-		
	<del></del>	
The first of the second		if other than the
date this document was signed.	option:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	,
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes east for the amendmentl.	it(s)

. .

Dated	November 30, 2021
Signatu	c Instell Day II
Į.	(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)
	Mitchell Davis III
	(Typed or printed name of person signing)

(Title of person signing)