## N21000008729

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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Bright Light Outreach, Inc
DOCUMENT NUMBER: N2100008729
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sonia Duecker (Name of Contact Person)
(Name of Contact Person)
Bright Light Outreach, Inc.
'(Firm/ Company)
1400 Celebration Blvd., Suite 200
(Address)
Celebration, FLorida 34747 (City/ State and Zip Code)
(City/ State and Zip Code)
brightightoutreach@amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sonia Duecker at 407-413-4216 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)  S43.75 Filing Fee & Certificate of Status (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

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

## Articles of Amendment

to

## Articles of Incorporation of

Bright Light	Outreach,	Inc.
(Name of Corporation as currently filed with the Flori	da Dept. of State)	
NSI	000008729	
(Document No	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit (	Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the	The new abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	<u> </u>	
(Principal office address <u>MUST BE A STREET ADDRE</u>	E <u>SS</u> )	SEC SEC
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SSE SSE
		Es es
		<b>2 2 3 3 3 3 3 3 3 3 3 3</b>
N. If amonding the project of the state of t		
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered offi</li> </ul>	office address in Florida, enter the ce address:	e name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street	address)
New Negisterea Office Adaress		
	(City)	, Florida (Zip Code)
N Postar I A II Ol II		(Elp Colle)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept the obliga-	ations of the position.
	Signature of New Registered Ager	nt, if changing

and address of each Off (Attach additional sheets, Please note the officer/dii P = President; V = Vice F	icer and/or Direct if necessary) rector title by the j President; T= Trect This in the properties of t	tor being added: first letter of the office title: usurer; S= Secretary; D= Direc Officer. If an officer/director h	tor; TR= Trustee; C	or being removed and title, name  = Chairman or Clerk; CEO = Ch itle, list the first letter of each office	nief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the corporation	m, Sally Smith is named the $V$ a	listed as the PST and nd S. These should b	l Mike Jones is listed as the V. The e noted as John Doe, PT as a Cha	ere is inge,
Example: X Change X Remove X Add	PT         John D           V         Mike Ja           SV         Sally S	ones			
Type of Action (Check One)	<u>Title</u>	Name	Addı	ress	
1) X Change Add	<u>S</u> _	Darleen Ma	Su	oo Celebration	
Remove  2) Change Add	<u>S</u>	Susana Te	naud 14	lebration,FL 100 Celebration lite 200	in Blu
Remove 3) Change Add Remove				plebration,FL 3	3414
4) Change Add					
Remove					
5) Change Add			<del></del>		
Remove				<del></del>	
6) Change Add					
Remove					
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)			

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The date of each amendment(s) adoption:	January	10,	2022	Contract to a
date this document was signed.	<del></del>	<del>'</del>	<del></del>	, ii other than th
	~			
Effective date if applicable:	January	10,	9033	
The date of each amendment(s) adoption: date this document was signed.  Effective date <u>if applicable</u> :	more than 90 days after ame	endment file a	late)	
Note: If the date inserted in this block does r	ot meet the applicable statuto	ory filing requ	irements, this date wi	ill not be listed as the
document's effective date on the Department	of State's records.			
Adoption of Amendment(s) (Q	THECK ONE)			
_	CHECK ONE)			
The amendment(s) was/were adopted by	the members and the number	rinf votes cast	for the amendments	3
was/were sufficient for approval.	vvero and the humbel	or forestast	. To the amendment(S	7)

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 January 10,2022
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)
Sonia Duecker
(Typed or printed name of person signing)
President.
(Title of person signing)