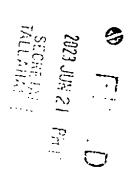
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(Requestor's Name)
(Address)
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(Address)
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(Document Number)
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June 2, 2023

DENNIS R. ARMINGTON 1273 HELFORD LANE CARMEL. IN 46032 US

SUBJECT: BRAIN INJURY FLORIDA, INC.

Ref. Number: N22000009083

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

The form you submitted is for a PROFIT CORPORATION, but your entity is a NON-PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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: 723A00012507

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Brain Injury Florida, Inc. DOCUMENT NUMBER: N22000009083 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dennis R. Armington Name of Contact Person Brain Injury Florida, Inc. Firm/ Company 1273 Helford Lane Address Carmel, IN 46032 City/ State and Zip Code dennnis.armington@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dennis R. Armington at (317) 281-0424

Area Code & Daytime Telephone Number Name of Contact Person 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 (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

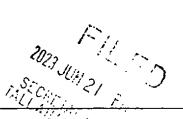
NAME OF CORPORATION:	orida, Inc.			
N22000009083 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Dennis R. Armington				
	(Name of Contact Pers	son)		
Brain Injury Florida, Inc.				
	(Firm/ Company)			
1273 Helfrod Lane				
	(Address)			
Carmel, IN 46032				
	(City/ State and Zip Co	ode)	·	
dennis.armington@att.net				
E-mail address: (to be	used for future annual repo	rt notification	n)	
For further information concerning this matter, p	lease call:			
Denny Armington	at	117	281-0424	
(Name of Contact Po			(Daytime Telephone Number)	
Enclosed is a check for the following amount ma	de payable to the Florida De	epartment of	State:	
☐ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of Sta		Certif Certif	icate of Status ied Copy tional Copy is	
Mailing Address Amendment Section		et Address ndment Sect	ion	
Division of Corporations		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of



Brain Injury Florida, Inc.

(Name of Corporation as currently filed with the Flor	rida Dept. of State)
N22000009083	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp. N/A	poration: The ne
name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	N/A
(Trincipal Office Lauress Moor DE Morrison Indiana	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I are	ered Agent: am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

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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 = Chi 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.						
	aves the corporation	on, Sally Smith is named the V and S . These s	PST and Mike Jones is listed as the V. There is hould he noted as John Doe, PT as a Change,			
Example: X_Change X_Remove X_Add	PT John D V Mike J SV Sally S	ones				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change Add	<u>D</u>	Tammy Boyd	3301 Bayshore Blvd., #505 Tampa, FL 33629			
x 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 add (attach additional she		icles, enter change(s) here: (Be specific)				
Please amend Article III	- Purpose to read:	The organization is organized exclusively for	or charitable, religious, educational			
and scientific purposes t	under section 501(c	e)(3) of the Internal Revenue Code, or correspond	ponding sections of any future tax			
code.						

Please add: Article VIII - Upon the dissolution of this organization, assets shall be distirbuted for one, or more, purposes

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name,

code, or shall be distributed to	the federal government, or to a state or local government, for	a public purpose.
		<u>-</u>
		·
		
-		
<u></u>		
		
he date of each amendment(s	adoption: February 9, 2023	, if other than the
ffective date <u>if applicable</u> :	ebruary 9, 2023	
	(no more than 90 days after amendment file date)	
ote: If the date inserted in this ocument's effective date on the	block does not meet the applicable statutory filing requirement Department of State's records.	nts, this date will not be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer was/were sufficient for appr	adopted by the members and the number of votes cast for the	e amendment(s)

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 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) Dennis R. Armington					
(Typed or printed name of person signing)					
President					
(Title of person signing)					