

Division of Corporations Electronic Filing Cover Sheet

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	Division of Co		77. S
	Fax Number	: (850)617-6380	> 1
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From:			11.
	Account Name	: CHISHOLM LAW FIRM, PLLC	Ĺυ,
	Account Number	: I20220000066	<u>~;</u>
	Phone	: (407)674-2657	•
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anı		s for this business entity to be usings. Enter only one email address	

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALTAMONTE SPRINGS ADVISORY BOARD FOR THE DISABLED, I

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Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	E SPRINGS ADVIS	ORY BOARD FO	R THE DISABLE	D, INC.
N26317 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	re submitted for filir	ıg.		
Please return all correspondence concerning thi	s matter to the follow	ving:		
Breanna McCarthy				2023
	(Name of Co	ntact Person)		
Chisholm Law Firm				2023 JAN 10 AM 8: 3
	(Firm/ Co	ompany)		SSUP 3
37 N. Orange Ave. Suite 500				F. S. T. A.
-	(Add	ress)	-	
Orlando, FL 32801				
	(City/ State as	nd Zip Code)	 	
breanna@chisholmfirm.com				
E-mail address: (to)	be used for future and	nual report notifica	tion)	
For further information concerning this matter,	please call:			
Terri Whittaker		386	785-3958	
(Name of Contact	Person)	atat (Area Cod	e) (Daytime Tel	ephone Number)
Enclosed is a check for the following amount n	nade payable to the F	lorida Department	of State:	
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S		opy Ce I copy is Cc (A	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is aclosed)	
Mailing Address Amendment Section Division of Corporations		Street Address Amendment S Division of Co	ection orporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassce, FL 32303

Articles of Amendment to Articles of Incorporation of

ALTAMONTE SPRINGS ADVISORY BOARD FOR THE DISABLED, INC.

(Name of Corporation as currently filed with the Florida I	Dept. of State)	
N26317		
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit</i> (Corporation adopts the following
A. If amending name, enter the new name of the corporat	<u>ion:</u>	
Unlimited Capabilities, Inc.		C: Re new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the	abbreviation "Corp." or Inc."
B. Enter new principal office address, if applicable:	25240 Rolling Oak Rd	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Sorrento FL 32776	SS A
		<u>in</u> ci ci
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 162662	35
	Altamonte Springs, FL 32716	5
D. If amending the registered agent and/or registered offi- new registered agent and/or the new registered office a Name of New Registered Agent:		e name of the
	· -	
New Registered Office Address:	(Florida street	address)
·		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the oblig	ations of the position.
Si	gnature of New Registered Age	nt, 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>PT</u> <u>Y</u> <u>SY</u>	John Doc Mike Jones Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	2023 JAN SCIONES
1) Change Add				HAND A
Remove				
2) Change Add				<u> </u>
Remove 3) Change Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				<u> </u>
6) Change Add				
Remove				
E. If amending or addin (attach additional shee	g additions	onal Articles, enter change(s) here: sssary). (Be specific)		
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The date of each amendment(s) adoption date this document was signed.	ption:	· · · · · · · · · · · · · · · · · · ·	<u></u>	, if other	than the
Terral 1 4 (for all all all all all all all all all al					
Effective date if applicable:	(no more than 90 d	avs after amendm	ent file date)	 .	
	·	-			
Note: If the date inserted in this block document's effective date on the Depa			ling requirements, this o	date will not be listed as	s the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adop was/were sufficient for approval.	pted by the members an	d the number of v	otes cast for the amend	ment(s)	

Dated	Jan 5, 2023	
Signatur	Theresa Whittaker	
<i>D.</i> g	(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)	
	Theresa Whittaker	
	(Typed or printed name of person signing)	

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

2023 JAN 1 0 AM 8: 3: