## N37412

| (Re                     | questor's Name)   |                 |
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| (Cit                    | y/State/Zip/Phone | <del>:</del> #) |
| PICK-UP                 | ☐ WAIT            | MAIL            |
|                         |                   |                 |
| (Bu                     | siness Entity Nam | ne)             |
|                         | r                 |                 |
|                         | cument Number)    | <del> </del>    |
| (50                     | coment Number)    |                 |
|                         |                   |                 |
| Certified Copies        | _ Certificates    | of Status       |
|                         |                   |                 |
| Special Instructions to | Filina Officer:   |                 |
| ,                       | <b>3</b>          |                 |
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## COVER LETTER

TO: Amendment Section Division of Corporations

| Suncoast Cente NAME OF CORPORATION:                          | r for Independent Liv    | ing., Inc.                 |                                                                                      |
|--------------------------------------------------------------|--------------------------|----------------------------|--------------------------------------------------------------------------------------|
| N37412<br>DOCUMENT NUMBER:                                   |                          |                            |                                                                                      |
|                                                              |                          |                            |                                                                                      |
| The enclosed Articles of Amendment and fee are s             | ubmitted for filing.     |                            |                                                                                      |
| Please return all correspondence concerning this m           | atter to the following:  |                            |                                                                                      |
| Joseph J. DiDomenico                                         |                          |                            |                                                                                      |
|                                                              | (Name of Contact I       | 'erson)                    |                                                                                      |
| Disability Achievement Center                                |                          |                            |                                                                                      |
|                                                              | (Firm/ Compan            | y)                         |                                                                                      |
| 12552 Belcher Rd S                                           |                          |                            |                                                                                      |
|                                                              | (Address)                | <u>-</u>                   |                                                                                      |
| Largo, FL 33773                                              |                          |                            |                                                                                      |
|                                                              | (City/ State and Zip     | Code)                      |                                                                                      |
| JoeD@myDACIL.org                                             |                          |                            |                                                                                      |
| E-mail address: (to be u                                     | sed for future annual re | port notificat             | ion)                                                                                 |
| For further information concerning this matter, plea         | ase call:                |                            |                                                                                      |
| Joseph J DiDomenico                                          | a                        | 727                        | 743-5055                                                                             |
| (Name of Contact Pers                                        |                          |                            | c) (Daytime Telephone Number)                                                        |
| Enclosed is a check for the following amount made            | e payable to the Florida | Department                 | of State:                                                                            |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu |                          | Cer<br>is Cer<br>(Ac       | 2.50 Filing Fee<br>tificate of Status<br>tified Copy<br>Iditional Copy is<br>closed) |
| Mailing Address Amendment Section                            | ٨                        | reet Addres<br>mendment So | ection                                                                               |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

6..., -9 14 7: 34

Suncoast Center for Independent Living, Inc.

| (Name of Corporation as currently filed with the Flo<br>N37412                                                         | rida Dept. of State)                                                   |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| (Document                                                                                                              | Number of Corporation (if known)                                       |
| Pursuant to the provisions of section 617,1006, Florida 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 cor                                                                     | rporation:                                                             |
| name must be distinguishable and contain the word "co<br>"Company" or "Co." may not be used in the name                | The new orporated" or the abbreviation "Corp." or "Inc."               |
| B. <u>Enter new principal office address, if applicable:</u><br>(Principal office address <u>MUST BE A STREET ADD)</u> | RESS )                                                                 |
| C. Futur non-mailine address if analisable.                                                                            |                                                                        |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX                                 | Disability Achievement Center                                          |
|                                                                                                                        | 12552 Belcher Rd S                                                     |
|                                                                                                                        | Largo, FL 33773                                                        |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of                |                                                                        |
| · · · · · · · · · · · · · · · · · · ·                                                                                  | seph J DiDomenico                                                      |
| <u> </u>                                                                                                               | 552 Belcher Rd S                                                       |
| New Registered Office Address:                                                                                         | (Florida street a.k.lress)                                             |
| Lar                                                                                                                    | go, Florida                                                            |
|                                                                                                                        | (City) (Zip Code)                                                      |
| New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I                | am familiar with and accept the obligations of the position.           |
|                                                                                                                        | Signature of Yow 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:

 $P = President; V \neg Vice President; T \neg Treasurer; S \neg Secretary; D \neg Director; TR \neg Trustee; C = Chairman or Clerk; CEO + Chief Executive Officer; CFO \neq Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.$ 

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<br>V<br>SV | John Doe<br>Mike Jones<br>Sally Smith                        |                                             |
|--------------------------------------------|---------------|--------------------------------------------------------------|---------------------------------------------|
| Type of Action<br>(Check One)              | <u>Title</u>  | <u>Name</u>                                                  | <u>Addres</u> s                             |
| 1) Change<br>Add                           | P             | Vickie Mack                                                  | 3281 17th St<br>Sarasota, FL 34235          |
| X Remove  2) Change Add                    | <u>T</u>      | Rick DiDiorgio                                               | 3281 17th St<br>Sarasota, FL 34235          |
| X                                          | <u>s</u>      | Scott Biehler                                                | 3281 17th St<br>Sarasota, FL 34235          |
| 4) Change Add                              | Ь             | Jack Humburg                                                 | 839 13th Ave N<br>St Petersburg, FL 33701   |
| Remove  5)Change                           | <u>VP</u>     | Ross Silvers                                                 | 3201 Scherer Dr<br>St Petersburg, FL 33706  |
| Remove 6) Change X Add                     | <u>T</u>      | Kımberly Leggett                                             | 3621 19th Ave S<br>St Petersburg, Ft. 33711 |
| Remove  E. If amending or additional sheet |               | nal Articles, enter change(s) here:<br>ssary). (Re specific) |                                             |
| continued from above                       |               | <del></del>                                                  |                                             |
| 7) Add                                     | S             | Barbara Page                                                 | 2745 64th Way N                             |
|                                            |               |                                                              | St Petersburg, FL 33710                     |
| 8) Add                                     | D             | Mary Bucca                                                   | 3805 52nd St N                              |
|                                            |               |                                                              | St Petersburg, FL 33709                     |

| 9) Add                              | D                 | Jennifer French                                                             | 1950 43rd St N                                          |
|-------------------------------------|-------------------|-----------------------------------------------------------------------------|---------------------------------------------------------|
|                                     |                   |                                                                             | St Petersburg, FL 33713                                 |
| 10) Add                             | D                 | Laura McAndrew                                                              | 4852 Trinidad                                           |
|                                     | ·· <u>-</u> .··   |                                                                             | Land O Lakes, FL 34639                                  |
| 11) Add                             | D                 | Gloria Lepik Corrigan                                                       | 2595 Countryside Blvd, #8-212                           |
| · <u> </u>                          |                   |                                                                             | Clearwater, FL 33761                                    |
| 12) Add                             | D                 | Deborah Malone                                                              | 7324 Egress Ln                                          |
|                                     |                   |                                                                             | New Port Richey, FL 34653                               |
|                                     |                   |                                                                             |                                                         |
|                                     |                   |                                                                             |                                                         |
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|                                     |                   |                                                                             |                                                         |
|                                     |                   |                                                                             |                                                         |
| The date of cach date this document |                   | option: 4/2/2020                                                            | , if other than the                                     |
| Effective date <u>if a</u>          | opplicable: 4/2/2 | (no more than 90 days after amendn                                          |                                                         |
|                                     |                   | (no more than 90 days after amendn                                          | nent file date)                                         |
|                                     |                   | :k does not meet the applicable statutory I<br>partment of State's records. | iling requirements, this date will not be listed as the |

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

| Dated   | 4/2/2020                                                                                                                                                                         |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signatu | re  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporate of in the hands of a receiver, trustee, or |
|         | other court appointed fiduciary by that fiduciary)                                                                                                                               |
|         | Jack Humburg                                                                                                                                                                     |
|         |                                                                                                                                                                                  |