## N44476

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

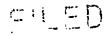
Tallahassee, FL 32314

Caring and Sharing NAME OF CORPORATION:	g Center for Independe	nt Living, DBA	Disability Achievement Center
N44476 DOCUMENT NUMBER:		<u></u>	
The enclosed Articles of Amendment and fee are su	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Arlene Petrunich			
	(Name of Contact P	erson)	
Disability Achievement Center			
	(Firm/ Compan	y)	
12552 Belcher Rd S			
	(Address)		
Largo, FL 33773			
	(City/ State and Zip	Code)	
arlenep@mydaeil.org			
E-mail address: (to be us	sed for future annual re	port notification	n)
For further information concerning this matter, plea	ise call:		
Arlene Petrunich	al	727	539-7550 ext 342
(Name of Contact Pers			(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certifi is Certifi	cate of Status led Copy lional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	reet Address mendment Secti ivision of Corpo he Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Caring and Sharing Center for Independent Living		2023 AUG 26 PH 1: 17
(Name of Corporation as currently filed with the	e Florida Dept. of State)	
N44476		
(Docum	nent Number of Corporation (if known)	77,5 g = 148,5 7 = 1.5
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word		abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name	<u>e</u> .	
B. Enter new principal office address, if applica		
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )	
		<del></del>
D. If amending the registered agent and/or regi	stered office address in Florida, enter th	e name <u>of the</u>
new registered agent and/or the new register		
Name of New Registered Agent:	Nicole Reed	
tane of the hegistered tigen.	12552 Belcher Rd S	
	tFlorida stree	ı address)
New Registered Office Address:		
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Pagistared Agent	
I hereby accept the appointment as registered agen		gations of the position.
	Much Real	
-	Signature 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 = Chie	ť

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.

ED=Executive Director

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>V</u> <u>SV</u>	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	ED	Joseph DiDomenico	12552 Beicher Rd S Largo, FL 33773
Remove  2) Change Add	ED _	Nicole Reed	12552 Belcher Rd S Largo, FL 33773
Remove 3 ) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
6) Change Add			
E. If amending or addir (attach additional shee	ng additio	onal Articles, enter change(s) here: essary). (Be specific)	

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The date of each amendment(s) adoption date this document was signed.	ption:, if oth	er than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depa	t does not meet the applicable statutory filing requirements, this date will not be listed artment of State's records.	i as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	

Dated	8/22/22
Signature	(By the charman 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)  Jack Humburg
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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

adopted by the board of directors.