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(Requestor's Name)	_
(Address)	_
(Audiess)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
(Eocurbent Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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WELANASSEE, FLORES

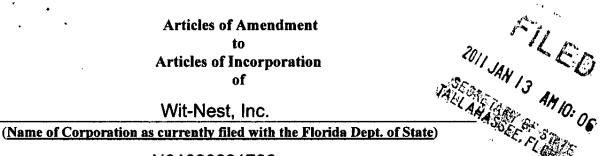
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Wit-Nest, Inc.	·	
DOCUMENT NUM	1BER: N01000001796		· · · · · · · · · · · · · · · · · · ·
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
		C. Stafford	· · · · · · · · · · · · · · · · · · ·
	(Name o	f Contact Person)	
	Wi	t-Nest, Inc.	
	(Firr	n/ Company)	
	1048	Audry Drive	,
	(Address)	
	Daytona Be	ach, Florida 32117	
	(City/ Sta	ate and Zip Code)	
		329@yahoo.com ed for future annual report notific	ation)
For further informati	on concerning this matter, pleas	e call:	
Inez C. Stafford		at (386) 295-59	15
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check t	for the following amount made	payable to the Florida Departmen	nt of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☑ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address	Street Address	is viiviosvaj
	ndment Section sion of Corporations	Amendment Section Division of Corporati	ons
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Cente	er Circle

Tallahassee, FL 32301

Articles of Amendment of



N01000001796

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable an abbreviation "Corp." or "Inc." <u>"Compan</u>	•	<u>-</u>
B. Enter new principal office address, if		
Principal office address <u>MUST BE A STR</u>	EET ADDRESS)	
		
Enter new mailing address, if applica		
(Mailing address <u>MAY BE A POST Ol</u>	FICE BOX)	
		,
-		
,		
,		
	or registered office address in Florid	a, enter the name of the
new registered agent and/or the new i	or registered office address in Florid	a, enter the name of the
D. If amending the registered agent and/ new registered agent and/or the new in Name of New Registered Agent:	or registered office address in Florid	la, enter the name of the
<u>Name of New Registered Agent:</u>	or registered office address in Florid egistered office address;	· · · · · · · · · · · · · · · · · · ·
new registered agent and/or the new i	or registered office address in Florid	· · · · · · · · · · · · · · · · · · ·
new registered agent and/or the new in Name of New Registered Agent:	or registered office address in Florid egistered office address; (Florida street address)	, Florida
<u>Name of New Registered Agent:</u>	or registered office address in Florid egistered office address;	
<u>Name of New Registered Agent:</u>	or registered office address in Florid egistered office address; (Florida street address) (City) nging Registered Agent:	, Florida (Zip Code)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
	·		Add Remove
			Add Remove
(attach addit	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific the purpose for which the corporati	c)	itable,
Educational,	Literacy, and Scientific purposes	including for such purposes	as making
of distributio	ns to organizations that qualify as	exempt organizations under	section
501(c)(3) of	the Internal Revenue code of 1954	4, (or corresponding provision	n of any future
United State	s Internal Revenue Law).		
The purpo	se of this organization shall be to	enhance the lives of the citiz	zens of the
City of Dayto	ona Beach, Volusia County, the St	ate of Florida and whereeve	r there are
people in ne	ed of social services. The organiz	ations shall establish and m	aintain
residential fa	cilities for women in transition and	l shall provide affordable, sa	fe and decent
housing.			
This orga	nization shall establish, maintain a	and otherwise operate orpha	nages, homes
for the aged,	, rescue missions, day-care center	rs and any and all other facil	ities necessary
to aid the ge	neral public, in accordance to the	discipline, rules, regulations	, rituals, rites,
ceremonies	and practices which are now being	g or from time to time hereaf	ter may be
followed, pre	escribed, designated, formulated, p	promulgated, and establishe	d by the
	is organization.		

The date of each amendment(s) adoption: 01/3/2011
`	(date of adoption is required)
Effective date if applicable:	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) aval.
There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated_1/11/2	2011
Signature	Inez Ce. Stafford
have	he chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Inez C. Stafford
	(Typed or printed name of person signing)
	Director
	(Title of person signing)

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