

ND5000005948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

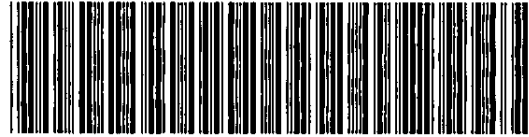
(Business Entity Name)

(Document Number)

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14 MAY -5 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
MAY 14 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Radiant Hands Inc.

DOCUMENT NUMBER: N05000005948

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Magda Elkadi Saleh

(Name of Contact Person)

Radiant Hands Inc.

(Firm/ Company)

6914 E. Fowler Ave. Ste. E

(Address)

Tampa FL 33617

(City/ State and Zip Code)

melkadi@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Magda Elkadi Saleh

(Name of Contact Person)

813

493-3035

at (

) (Area Code & 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 \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVED
AND
FILED

14 MAY -5 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

RADIANT HANDS, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000005948

(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:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

6914 East Fowler Avenue

Suite E

Tampa FL 33617

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Magda Elkadi Saleh

20011 Bears Track Lane

(Florida street address)

New Registered Office Address:

Tampa

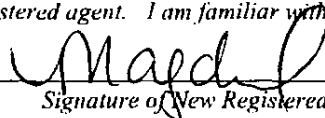
(City)

Florida 33647

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New 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= 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Ameena Khan</u>	<u>10051 Colonnade Drive</u> <u>Tampa FL 33647</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Patricia Khan</u>	<u>3504 SW 1st Way</u> <u>Gainesville FL 32601</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Amany Shalaby</u>	<u>1089 Harmony Lane</u> <u>Clermont FL 34711</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Magda Elkadi Saleh</u>	<u>20011 Bears Track Lane</u> <u>Tampa FL 33647</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Osama Kayali</u>	<u>10542 Bermuda Isle Drive</u> <u>Tampa FL 33647</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Lailah Abdul Rahim</u>	<u>4580 Secretariat Row</u> <u>Springhill FL 34609</u>

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:

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<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>Abida Saleh</u>	<u>10757 Pictorial Park Dr.</u>
<input checked="" type="checkbox"/> Add			<u>Tampa FL 33647</u>
<input type="checkbox"/> Remove			<u>_____</u>
2) <input type="checkbox"/> Change	<u>_____</u>	<u>_____</u>	<u>_____</u>
<input type="checkbox"/> Add			<u>_____</u>
<input type="checkbox"/> Remove			<u>_____</u>
3) <input type="checkbox"/> Change	<u>_____</u>	<u>_____</u>	<u>_____</u>
<input type="checkbox"/> Add			<u>_____</u>
<input type="checkbox"/> Remove			<u>_____</u>
4) <input type="checkbox"/> Change	<u>_____</u>	<u>_____</u>	<u>_____</u>
<input type="checkbox"/> Add			<u>_____</u>
<input type="checkbox"/> Remove			<u>_____</u>
5) <input type="checkbox"/> Change	<u>_____</u>	<u>_____</u>	<u>_____</u>
<input type="checkbox"/> Add			<u>_____</u>
<input type="checkbox"/> Remove			<u>_____</u>
6) <input type="checkbox"/> Change	<u>_____</u>	<u>_____</u>	<u>_____</u>
<input type="checkbox"/> Add			<u>_____</u>
<input type="checkbox"/> Remove			<u>_____</u>

APPROVE,
AND
FILES

The date of each amendment(s) adoption: April 26, 2014 ~~14~~ MAY -5 PM 1:58, if other than the date this document was signed.

Effective date if applicable: May 1, 2014
(no more than 90 days after amendment file date)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- 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 4/26/14

Signature *Magda*

(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)

MAGDA SALEH
(Typed or printed name of person signing)

President
(Title of person signing)