

NO6000004010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

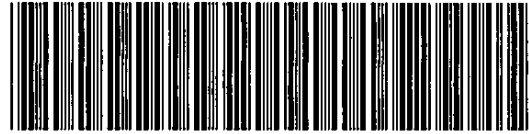
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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COVER LETTER

TØ: Amendment Section
Division of Corporations

NAME OF CORPORATION: CARES SUICIDE PREVENTION, INC.

DOCUMENT NUMBER: N06000004010

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

Please return all correspondence concerning this matter to the following:

Michael J. Rich, Esq.

(Name of Contact Person)

(Firm/ Company)

6315 Presidential Court Suite D

(Address)

Fort Myers, Florida 33919

(City/ State and Zip Code)

For further information concerning this matter, please call:

Michael J. Rich

(Name of Contact Person)

at (239) 333-0192

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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

Articles of Amendment
to
Articles of Incorporation
of

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06 OCT 16 PM 2:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CARES SUICIDE PREVENTION, INC.

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

06N000004010

(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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article VI - see attached sheet

Article VII- see attached sheet

(Attach additional pages if necessary)
(continued)

ARTICLE VI DISSOLUTION

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501C (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE VII EARNINGS DISTRIBUTION

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Three and Four hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501 C (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under Section 170 C (2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

The date of adoption of the amendment(s) was: October 11, 2006

Effective date if applicable: October 12, 2006
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Virginia Cervasio
(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.)

Virginia Cervasio
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. PESTMASTER SERVICES OF LAKE CITY, INC
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

879 SW Arlington Blvd Suite 106
Mailing Address of Business

LAKE CITY FL 32025
City State Zip Code

3. Florida County of principal place of business: Columbia

(see instructions if more than one county)

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This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last _____ First _____ M.I. _____
 Address _____
 City _____ State _____ Zip Code _____

2. Last _____ First _____ M.I. _____
 Address _____
 City _____ State _____ Zip Code _____

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. WAYNE HOLLIDAY & TOMMY D. HAWK JR, INC
Entity Name

879 SW Arlington Blvd Suite 106
Address

LAKE CITY FL 32025
City State Zip Code

Florida Registration Number PD400034088

FEI Number: 54-2145049

Applied for Not Applicable

2. _____
Entity Name

_____ Address

_____ City State Zip Code

Florida Registration Number _____

FEI Number: _____

Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature] 10/4/06 Wayne Holliday
Signature of Owner Date Signature of Owner Date

Phone Number: _____ Phone Number: _____

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name _____
 _____, which was registered on _____ and was assigned
 registration number _____

_____ Signature of Owner Date _____ Signature of Owner Date

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 TALLAHASSEE FLORIDA

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30
NON-REFUNDABLE PROCESSING FEE: \$50