## NO7000004994

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SECRETARY OF STATE
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C.COULLIETTE

MAY 1 2 2089

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CO	ORPORATION: St. Martin Helpir	ng Hands International,	Inc.
DOCUMENT	NUMBER: <u>N0700004994</u>		<del></del>
The enclosed A	Articles of Amendment and fee are submi	itted for filing.	
Please return al	ll correspondence concerning this matter	to the following:	
	Jeannette		
	(Name of Co	ontact Person)	
	St. Martin Helping	Hands Internation	imal, Inc.
	PO BOX 3513	)	
	(Add	dress)	
	Jacksmville, (City/State)	FL 32206	
•	(City/ State a	and Zip Code)	
· -		nov. Com. or future annual report notification	on)
For further info	ormation concerning this matter, please ca	all:	•
Jean	nnette Kobelt	at (904) 537-8	590 OR 301-397°
(	Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a cl	heck for the following amount made pays	able to the Florida Department of	State:
\$35 Filing Fo	ee	☑ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
K	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 Ci	·

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

St. Martin Helping	·				
(Name of Corporation as curr	ently filed with	the Florida Dept. of Stat	<u>(e</u> )		
N07	000004994				
(Document Nur	mber of Corporati	ion (if known)			
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In	ncorporation:		ofit Corporation	adopts	
A. If amending name, enter the new name o		<u>n:</u>			
	No change				
The new name must be distinguishable and c abbreviation "Corp." or "Inc." <mark>"Company" c</mark>			rporated" or the		
3. Enter new principal office address, if app	plicable:	No change			
Principal office address <u>MUST BE A STREI</u>			TAS		
	•			09 MAY	
			<u> </u>		*
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		No change	ARY OF	-6 PH	
			FLORI	2: 0	
			<u> </u>	-	
D. If amending the registered agent and/or new registered agent and/or the new registered agent agen			er the name of th	<u>e</u>	
Name of New Registered Agent:		lo change	<del>-</del>		
New Registered Office Address:	(Flori	ida street address)	_		
			, Florida		
		(City)	(Zip Code)		
New Registered Agent's Signature, if change hereby accept the appointment as registere position.			t the obligations	of the	
		Registered Agent, if char	nging		

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) Title Name **Address** Type of Action No change ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Dissolution ARTICLE VIII Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c) (3) of the Internal Revenue Code, or 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 disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the organization 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.

, The date of each amendmen	t(s) adoption: April 30, 2009
	April 30, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	4-30-2009
Signature(	1-30-2009 Teamette Kobett
(By	y the chairman or vice chairman of the board, president or other officer-if director ve not been selected, by an incorporator – if in the hands of a receiver, trustee, her court appointed fiduciary by that fiduciary)
	Jeannette Kobelt
	(Typed or printed name of person signing)
	Pres.
	(Title of person signing)