## N110000004803

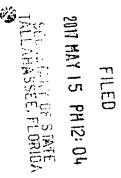
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## **COVER LETTER**

TO: Amendment Section Division of Corporations Antism Inc Earth to NAME OF CORPORATION: \_ N17 000004803 DOCUMENT NUMBER: \_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Leanne Scalli (Name of Contact Person) (Firm/ Company) St. Peters burg, FL 33704 (City/ State and Zip Code) les calli @ hotmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; Leanne Scalli at 845 527-3491.

(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$\frac{1}{2}\$\$ \$35\$ Filing Fee \$\Bigcup \$\frac{1}{2}\$\$ \$43.75\$ Filing Fee \$\& \Bigcup \$\frac{1}{2}\$\$\$ \$43.75\$ Filing Fee \$\&\$\$\$\$\$ □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Artie	les of Amendmen	ıt	三、豆
Article	to es of Incorporation	0n	<b>1</b> 5
	of		Fr0
Earth to	o Autism	Inc.	
(Name of Corporation as curren	atly filed with th	e Florida Dept. of State)	(a5)
N17000004	803		Er
(Document Num	ber of Corporation	a (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida N</i>	ot For Profit Corporation a	dopts the following
A. If amending name, enter the new name of the corporat	<u>ពី០៣:</u>		
N/A.		,	_ The new
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	ition" or "Incorp	orated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable:	. ∾/	A	
Principal office address MUST BE A STREET ADDRESS	)		<del></del>
			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIX.		
D. If amending the registered agent and/or registered offi	ce address in Flo	rida, enter the name of the	<u>1</u>
new registered agent and/or the new registered office a			
Name of New Registered Agent:	NA		
Now Bouletourd Office Address		(Florida street address)	
New Registered Office Address:			
·	(City)	, Florida (Zip )	Code)
	(City)	(Zip)	uracy
New Registered Agent's Signature, if changing Registered	Agent:		
hereby accept the appointment as registered agent. I am fa	miliar with and a	ccept the obligations of the	position.

Page 1 of 4

N/A.

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: X Change X Remove X Add	<u>V Mil</u>	n Dog te Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	CEO	Leanne Scalli	St. Petersburg, Fl. 33704.
2) Change Add Remove			
3 ) Change Add Remove	,, <u></u>	<del>,</del>	
4) Change Add Remove		·	
5) Change Add Remove			
6) Change Add	<del></del>		
Remove			

amena tach ad	ing or adding ditional sheets	additional, , if necessar	Articles, er y). (Be sp	iter change pecific)	(s) here:				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 5/11/17.	
(no niore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
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 05.12.2017 Signature Katem Thorpe	
Signature	
kate m Thorpe	
(Typed or printed name of person signing)	
Chair	
(Title of person signing)	