N95000005442

| (Requestor's Name) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2009

HARRIETTE F. TIMMERMAN ASSOCIATION FOR ABUSED WOMEN & CHILDREN 7110 SO. DIXIE HIGHWAY WEST PALM BEACH, FL 33405

SUBJECT: ASSOCIATION FOR ABUSED WOMEN & CHILDREN, INC.

Ref. Number: N95000005442

We have received your document for ASSOCIATION FOR ABUSED WOMEN & CHILDREN, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 109A00010129

SECRETARY OF STATE

COVER LETTER

| TO: Amendment Section Division of Corporations A 550C (at 10 n) = or |
|--|
| NAME OF CORPORATION: Assec. Abused Women Ychildren, Inc. |
| DOCUMENT NUMBER: N9500005442 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Harriette F. Timmerman, Registered Agent (Name of Contact Person) Association |
| Assoc. For Abused Women Tchildren, Inc. (Firm/Company) |
| 7110 So. Dixie Highway (Address) |
| Wast Palm Beach, FL. 33405 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Hauriette Timmerman at (561) 586-1889 - (Reg. Agen) (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& Certificate of Status \$\bigcup \\$43.75 |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| ` | Number of Corporati | • | |
|--|----------------------|-----------------------------|---------------|
| Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of | | this Florida Not For Profit | Corporation |
| A. If amending name, enter the new name | e of the corporation | n: | |
| on 1550c. For Abused Women | Ychilden + | - Cats Fixed. | Inc. |
| The new name must be distinguishable an | d contain the word | "corporation" or "incorpor | ated" or the |
| abbreviation "Corp." or "Inc." "Compan | y" or "Co." may not | be used in the name. | |
| B. Enter new principal office address, if (Principal office address MUST BE A STR | | Same | |
| (Francipul office unuress MOST DE ASTR | (LEI ADDRESS) | | |
| | | | |
| C. Enter new mailing address, if applica | able: | | |
| (Mailing address MAY BE A POST OF | | same | |
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| | | and the Florida and and the | of t |
| D. If amending the registered agent and/ new registered agent and/or the new i | | | ie name or ti |
| Name of New Registered Agent: | Sam e | 2_ | |
| | | | |
| New Registered Office Address: | (Flori | da street address) | |
| | • | , FI | orida |
| | | (City) | (Zip Code) |
| | | | |

Page 1 of 3

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> | Name | <u>Address</u> | Type of Action |
|--------------|---|----------------|------------------------------------|
| Pres | Nell Hardage P. Hd | Same | Add Change From Remove V. Pres. To |
| V. Pres | Regina Highee | _ 5 ame | Add Change From Remove Pres To V. |
| SectTres | norma Ashley | Sanc | Add Remove |
| | g or adding additional Articles, enter cl tional sheets, if necessary). (Be specific | • • • • | |
| Certifi | cates for having cat | s spayed or n | ewtered |
| will be | given To cat owner | s who cannot a | fford. |
| To have | Their cots fixed. | Breeding of c | ats |
| | be addressed as | | |
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| FOU EL | very male and 1=e | emale born. | orer. |
| | ction of cets Lead | | |
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| | n Some extreme co | • | |
| | I and cared for by | | |
| Women | and Children, Inc. | (abandoned + n | eq lected |
| + unu | sunted cats | | |

| The date of each amendment(s) adoption: 5 - 10 - 07 |
|--|
| Effective date if applicable: |
| 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 3-20-09 |
| Signature Yell Hardage |
| (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) |
| (Typed or printed name of person signing) |
| pres. elect |
| (Title of person signing) |

Page 3 of 3