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T. Roberts DEC 1 8 2000

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	the Forgotten C	ones, INC
DOCUMENT NUMBER:	000069535	
The enclosed Articles of Amendment and i	fee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Cin	ame of Contact Person)	
The Fo	(Firm/Company)	Inc.
	Droadway 3 (Address)	
<u> </u>	do FL 3276 . ity/ State and Zip Code)	5
For further information concerning this made		·.
(Name of Contact Person)	at (<u>407</u>) <u>78</u> (Area Code & Daytir	2. 270 6 ne Telephone Number)
Enclosed is a check for the following amou	int made payable to the Florida D	epartment of State:
\$35 Filing Fee \$\times \$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 Corporation Clifton Building 2661 Executive Center 6	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

SECRETARY OF STATE
DIVISION OF CORPORATIONS

OR DEC.

of

The Forgo-Hen Ones Two.

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

1040000 9535

(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)

98 W Broadway ST

Ouledo, FL 32765

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

98w Broadway 55

OVIEDO FL 32765

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:

Centy L Cook

New Registered Office Address:

(Florida street address)

Oviedo, Florida

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

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>	<u>Name</u>	Address	Type of Action
	Christine Oblens	1119 5. Locusi Ave Sanford, FL 32771	Add Remove
	Cindy L Cook	98 W Broadway 37 Ovedo, FC 32765	Add Remove
			Add Remove
	nding or adding additional Articles, enter additional sheets, if necessary). (Be speci		
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment	s) adoption: <u>8 ~ 15 - 08</u>	_
Effective date <u>if applicable</u> :	8-16-08	_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer was/were sufficient for appr	adopted by the members and the number of votes cast for the amendmen val.	t(s)
There are no members or nadopted by the board of dir	embers entitled to vote on the amendment(s). The amendment(s) was/wer ctors.	re
Dated	12.8.08	•
have	he chairman of vice chairman of the board, president or other officer-if di not been selected, by an incorporator – if in the hands of a receiver, tru court appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Title of person signing)	

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