(Requestor's Name)  (Address)	700234853977
(City/State/Zip/Phone #)	05/11/1201014019 **43.75
PICK-UP WAIT MAIL  (Business Entity Name)	
(Document Number)  Certified Copies Certificates of Status	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RETHREADE	D, INC	
DOCUMENT NUMBER: N11000007829		
The enclosed Articles of Amendment and fee are submitted for	filing.	
Please return all correspondence concerning this matter to the fo	ollowing:	
KRISTIN KEEN		
(Name of	Contact Person	n)
(Firm	ı/ Company)	
1528 PALM AVENUE	• • •	
(.	Address)	
JACKSONVILLE, FL 32207		
(City/ Sta	te and Zip Code	e)
KRISTIN@RETHREA		
E-mail address: (to be used for future For further information concerning this matter, please call:	e annual report	notification)
KRISTIN KEEN	407	376-2725
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to t	he Florida Depa	artment of State:
	ed Copy onal copy is	□\$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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to
Articles of Incorporation of

## The state of the s

## RETHREADED, INC.

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

N11000007829

(Document Number of Corporation (if known)

A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contai "Company" or "Co." may not be used i		corporated" or the abbreviation "Corp." or	·"Inc."
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>			
D. If amending the registered agent an new registered agent and/or the ne		n Florida, enter the name of the	
·			
New Registered Office Address:	(Florida street	t address)	
		, Florida	
	(City)	(Zip Code)	

Page 1 of 4

Signature of New Registered Agent, if changing

E.	If amendi	ng or	adding	additional	Articles,	enter	change(s)	here:
	(attach ad	litiono	l cheete	if necessor	vi (Re	speci	fic)	

Article II: Rethreaded, Inc. is organized exclusively for charitable, religious, educational, and scientific purposes, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

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 amendment(s) adoption: May 8, 2012	
	tive date if applicable: May 8, 2012	
	(no more than 90 days after amendment file date)	
Ado	otion 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 May 8, 2012	
	Signature	
	(By the chairman or vice chairman of the board, president of 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)	_
	Kristin Keen	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	