Division of Corporations Electronic Filing Cover Sheet

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TQ:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053

Phone Fax Number : (561)694-8107 : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

17mail	Address:			
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COR AMND/RESTATE/CORRECT OR O/D RESIGN UNITED CONSUMER AWARENESS ASSOCIATION, INC.

> Certificate of Status Certified Copy 02 Page Count \$35.00 Estimated Charge

NOT FOR PROFIT CORPORATION APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA

(Pursuant to s. 617.1504, F.S.)

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SECTION I

(1-3 MUST BE COMPLETED) F06000007028 (Document Number of Corporation (If known) <u>UNITED CONSUMER AWARENESS ASSOCIATION, INC</u> (Name of corporation as it appears on the records of the Department of State) Missouri (Incorporated under laws of) (Date authorized to conduct affairs in Florida) SECTION II (4-8 COMPLETE ONLY THE APPLICABLE CHANGES) 4. If the amendment changes the name of the corporation, when was the change effected under the laws of its 5/18/2012 jurisdiction of incorporation? Unified Caring Association, Inc. (Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation) 6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected. (New duration) (Date) 7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected. (New jurisdiction) (Date) 8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose. (The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

chairman or vice chairman of the board, president, or other officer - if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary,

Valerie Hawk-Donohue

(Typed or printed name of the person signing)

Attorney in fact (Title of person signing)



N00036482

CERTIFICATE OF CORPORATE RECORDS

UNIFIED CARING ASSOCIATION

I, ROBIN CARNAHAN, Secretary of the State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office for which certification has been requested.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 24th day of May, 2012

Secretary of State



Certification Number: 14702412-1 Reference: Verify this certificate online at https://www.sos.mo.gov/businessertity/soskb/verify.asp



State of Missouri

Robin Carnahan, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

File Number: N00036482 Date Filed: 05/18/2012 Robin Carnahan Secretary of State

Articles of Amendment for a Nonprofit Corporation (Submit with filing fee of \$10,00)

The undersigned corporation, for the purpose of amending its articles of incorporation, hereby executes the following erticles of amend-1. The name of corporation is: UNITED CONSUMER AWARENESS ASSOCIATION 2. The amountment was adopted on 05/01/2012 and changed article(s) 1 to state as follows: 1. The name of corporation is changed to: Unified Caring Association 3. If approval of members was not required, and the amountment(s) was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5): [8] 4. If approval by members was required, check here and provide the following information: A. Number of memberships outstanding: B. Complete either C or D: C. Number of votes for and against the amendments(s) by class was: Number entitled to vote Class Number voting for Number voting against D. Number of undisputed votes east for the amendment(s) was sufficient for approval, and was: Class: Number Voting undisputed: The number of votes cast in favor of the amendment(s) by each class was sufficient for approval by that class. 5. If approval of the amendment(s) by some person(s) other than the members, the board or the incorporators was required pursuant to section 355.606, check here to indicate that approval was obtained: In Affirmation thereof, the facts stated above are true and correct: (The undersigned understands that thise statements made in this filing are subject to the penaltics provided under Section 575.040, RSMo) Lane Michel President Authorized signature of offiger or chall Printed Name 11110 Name and address to return filed document: Name: State of Missouri Amend/Restate ~ NonProfit 1 Page(s) City, State, and Zip Code: .

State of Missouri



Robin Carnahan
Secretary of State
CERTIFICATE OF AMENDMENT
OF A
MISSOURI NONPROFIT CORPORATION

WHEREAS,

Unified Caring Association N00036482

Formerly,

UNITED CONSUMER AWARENESS ASSOCIATION

a corporation organized under The Missouri Nonprofit Corporation Law has delivered to me its Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation under The Missouri Nonprofit Corporation Law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 18th day of May, 2012.

Robin Camalan

Secretary of State

