F09000003748

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT:	IAGEMENT CORPORATION of Corporation	
	00003748	
The enclosed Amendment and fee are submit	tted for filing.	
Please return all correspondence concerning this matter to the following:		
STEPHEN D. MCCULLOU	GH, CLA	
Name of Contact Person AFFORDABLE PROFESSIONAL SERVICES Firm/Company		
2702 A WEST OAKLAND PARK BLVD		
FORT LAUDERDALE, FL 33311 City/State and Zip Code		
sdm@affproserv.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person	at (954) 565-9929 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amoun	t:	
\$35.00 Filing Fee \$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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

	TION I E COMPLETED)
F0900003748	
(Document number of	of corporation (if known)
F.U.M. MANAGEME	NT CORPORATION SECTION
(Name of corporation as it appears of	n the records of the Department of State)
NEVADA	the records of the Department of State) 3. SEPTEMBER 21, 2009
(Incorporated under laws of)	(Date authorized to do business in Florida)
(4-7 COMPLETE ONLY T	
its jurisdiction of incorporation? JANUARY 1	
	TY MANAGEMENT, INC.
(Name of corporation after the amendment, adding surappropriate abbreviation, if not contained in new name	ne of the corporation)
(If new name is unavailable in Florida, enter alternate obusiness in Florida)	corporate name adopted for the purpose of transacting
6. If the amendment changes the period of duration, indi-	cate new period of duration.
(New	duration)
7. If the amendment changes the jurisdiction of incorpora	ation, indicate new jurisdiction.
(New j	urisdiction)
 Attached is a certificate or document of similar impor 90 days prior to delivery of the application to the Depa having custody of corporate records in the jurisdiction 	t, evidencing the amendment, authenticated not more than artment of State, by the Secretary of State or other official under the laws of which it is incorporated.
(Signature of a director, president or other officer - if in to of a receiver or other court appointed fiduciary, by that if	he hands
JAMIE L. O'BRYAN	PRESIDENT
(Typed or printed name of person signing)	(Title of person signing)



CERTIFICATE OF NAME CHANGE

I, ROSS MILLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on JANUARY 14, 2014, a Certificate of Amendment to its Articles of Incorporation changing the name to ASSOCIATED CHARITY MANAGEMENT, was filed in this office by F.U.M. MANAGEMENT CORPORATION. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



Certified By: Patricia Camacho Certificate Number: C20140310-2546 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 11, 2014.

ROSS MILLER Secretary of State