N00000002776

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| (Do | ocument Number) | _ |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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R. WHITE AUG 1 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| NAME OF CORPORATION: CHOIC <u>ES ME</u> | <u>i wurk systems, inc</u> | |
|--|-------------------------------|--|
| | | |
| DOCUMENT NUMBER: N00000002776 | | |
| The enclosed Articles of Amendment and fee are | submitted for filing. | |
| Please return all correspondence concerning this i | matter to the following: | |
| DR. ANGELA R. DEAL | | |
| | (Name of Contact Persor | 1) |
| CHOICES NETWORK SYSTEMS, INC. | | |
| CHOICES INFORMACTO LEMB, INC. | (Firm/ Company) | |
| | | |
| 2300 N.W. 6 TH STREET | | |
| | (Address) | |
| POMPANO BEACH, FLORIDA 33069 | | |
| | (City/ State and Zip Cod | e) |
| DRANGELADEAL@AOL.COM | | |
| E-mail address: (to be | used for future annual report | notification) |
| For further information concerning this matter, pl | lease call: | |
| DR. ANGELA R. DEAL | at | 954-968-6777 OR 754-245-0068 |
| (Name of Contact Pe | | rea Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount ma | de payable to the Florida Dep | artment of State: |
| S35 Filing Fee S43.75 Filing Fe Certificate of Sta | | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Section | | Address Iment Section |

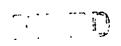
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of



CHOICES NETWORK SYSTEMS, INC.

| (Name of Corporation | as current | ly filed with the Flo | orida Dept. of State) 9.1. 5 3 671 51 4 |
|---|-----------------------------|------------------------------|---|
| N00000002776 | | | |
| (Docun | nent Numbe | er of Corporation (if | known) |
| Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation: | rida Statutes | s, this <i>Florida Not F</i> | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the | e corporatio | on: | |
| N/A | | | The new |
| N/A name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam | l "corporati <u>v</u> e. | on" or "incorporate | ed" or the abbreviation "Corp," or "Inc," |
| B. Enter new principal office address, if applica | | N/A | |
| Principal office address <u>MUST BE A STREET A</u> | <u>DDRESS</u>) | | |
| | | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <u>BOX</u>) | N/A | |
| | | | |
| | | | |
| | | | |
| If amending the registered agent and/or registered agent and/or the new register | | | i, enter the name of the |
| | | - | |
| Name of New Registered Agent: | <u>N/A</u> | | |
| | | | Florida street address) |
| New Registered Office Address: | | | |
| | NA | | |
| | | | , Florida |
| | | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing | | | 7 10 2 22 24 |
| Thereby accept the appointment as registered agen | u. 1 am fami | uar wun and accept | the origations of the position. |
| | | | |
| _ | Si | gnature of New Reg. | istered Agent, if changing |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, ar address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|---|------------------------------|---------------------------------------|-----------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| N/A 1)Change | | _ | |
| Add | | | |
| Remove | | | |
| 2)Change | | | |
| Add | | | |
| Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4)Change | | | |
| Add | | | |
| Remove | | | |
| 5)Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | |
|---|--------------|
| (anach daadonal sneets, y necessary). The specific) | |
| The purpose of this corporation include: to engage in community development activities (which include housing and ec | onomic |
| development activities) which are intended to lead to an improvement of the physical, economic or social environment of | of it's |
| geographic area of operation by addressing one or more of the critical problems of the area with attention to the needs | of persons |
| with low incomes. These activities shall be untaken primarily, but not exclusively, in the Corporation's geographic area | of |
| operation. Nothing in this paragraph shall allow this organization to carry on any activities not permitted to be carried | on by an |
| organization exempt from Federal and State income tax under 501 (c)(3) of the Internal Revenue Code of 1986 or the co | orresponding |
| provision of any future United States Internal Revenue law. | |
| At least one-third of the governing board shall be composed of residents of low- income neighborho | oods. |
| other low-income community residents or elected representatives of low-income neighborhood orga | nivations |
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| The date of each amendment(s) adoption: date this document was signed. | , if other than the |
|--|-----------------------------------|
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, th document's effective date on the Department of State's records. | is date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the ame was/were sufficient for approval. | ndment(s) |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) we adopted by the board of directors. | as/were |
| Dated \$\frac{\mathcal{S}}{8}\frac{19}{19}\$ Signature \frac{\mathcal{O}}{\mathcal{O}} Signature chairman of the board, president or other officer-if | |
| have not been selected, by an incorporator – if in the hands of a receiver, troother court appointed fiduciary by that fiduciary) | ustee, or |
| Wylie L. Howard, Sr. | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |