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2019 FTC 23 AH 8: 09

C. GOLDEN JAN 2 5 2020

## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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HELPNET USA, I NAME OF CORPORATION:	INC. 		
N01000000324 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	abmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Brian Davis			
	(Name of Contact Person	on)	
HELPNET USA, INC.			
	(Firm/ Company)		
2151 CONSULATE DR UNIT 13			
	(Address)		
ORLANDO, FL 32837			
	(City/ State and Zip Co	de)	
bdavis@bizcentralusa.com			
E-mail address: (to be us	sed for future annual repor	1 notification	1)
For further information concerning this matter, plea	se call:		
Brian Davis	4 at	107	857-9002
(Name of Contact Pers		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida De	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is fied)
Mailing Address  Amendment Section  Division of Corporations P.O. Box 6327	Amer Divis	et Address ndment Sect sion of Corpo Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



2019 (Fr 23 AH 8: 10 HELPNET USA, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N01000000324 (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: BryteBridge Cares, Inc. 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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: \_ (Florida street address) New Registered Office Address: (City) 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

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)

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: X_Change X_Remove X_Add	PT John I V Mike . SV Sally S	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	Swift, MELANIE S	2151 CONSULATE DR UNIT 13 ORLANDO, FL 32837
x Remove			
2) Change Add	<u>D</u>	Caballero, Maria	2151 CONSULATE DR UNIT 13 ORLANDO, FL 32837
* Remove 3 ) Change * Add Remove	Р	Brian Davis	2151 CONSULATE DR UNIT 13 ORLANDO, FL 32837
4) Change Add	D	Andrea Ortega	2151 CONSULATE DR UNIT 13 ORLANDO, FL 32837
Remove 5) Change Add	D	RODRIGUEZ, EFRAIN	2151 CONSULATE DR UNIT 13 ORLANDO, FL 32837
Remove 6) Change Add			
Remove  E. If amending or ad (attach additional s.	ding additional Ar heets, if necessary).	Page 2 of 4  rticles, enter change(s) here:  (Be specific)	

Page 3 of 4
The date of each amendment(s) adoption: 12/17/2019 if other than the
date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
(no more than 90 days after amenament file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption 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 $\frac{12-17-2019}{300}$						
Signature  (By the thairman or vice chairman of the board, president or other officer-if dire have not been selected, by an incorporator – if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary)							
	Brian Davis						
	(Typed or printed name of person signing)						
	President						

(Title of person signing)