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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Rural Women	's Health Project , Inc.	
DOCUMENT NUM	IBER: NO1000007398		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
		n Ricardo	· .
	(Name of	Contact Person)	
	Rural Women's	s Health Project , Inc.	
	(Firm	n/ Company)	
	P.O.	Box 12016	
	(,	Address)	,
	Gaines	ville, FL 32604	
 	(City/ Sta	te and Zip Code)	
		o@cafl.com ed for future annual report notific	ation)
For further informati	on concerning this matter, pleas	e call:	
Fran Ricardo		at (352) 372-109	95
(Ņame	e of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Departmen	nt of State:
☑ \$35 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation of



Rural Womer	n's Health Project , Inc.	
(Name of Corporation as cur	rently filed with the Florida Dept. of State	<u>e</u>)
	1000007398	
(Document Nu	umber of Corporation (if known)	
ursuant to the provisions of section 617.1006 to following amendment(s) to its Articles of	6, Florida Statutes, this Florida Not For Pro Incorporation:	ofit Corporation adopts
. If amending name, enter the new name	of the corporation:	
he new name must be distinguishable and bbreviation "Corp." or "Inc." "Company"		porated" or the
. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
. If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:		r the name of the
New Registered Office Address:	(Florida street address)	-
		, Florida (Zip Code)
	(City)	(Zip Code)
ew Registered Agent's Signature, if change hereby accept the appointment as register osition.	ging Registered Agent: ed agent. I am familiar with and accept	the obligations of the
_	Signature of New Registered Agent, if chan	nging .

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
D	Dr. Jessica Aguilar	P.O. Box 12016 Gainesville, FL 32604	☐ Add ☐ Remove
	<u></u>		
	ng or adding additional Articles, ent itional sheets, if necessary). (Be spe		,

The date of each amendment(s)) adoption: 9-29-09
	(date of adoption is required)
Effective date <u>if applicable</u> :	1 001 6 1 (617.)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were etors.
Dated_09/29/	09
0'	12
have 1	ne chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, occurr appointed fiduciary by that fiduciary)
	Fran Ricardo
	(Typed or printed name of person signing)
	1 poro.
	Director of Education Vice President
•	(Title of person signing)

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