N02000002524

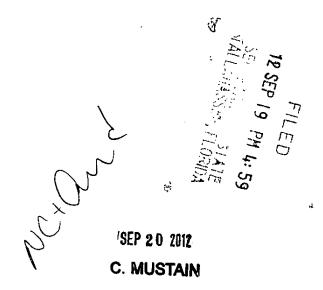
(Re	equestor's Name)	,
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/19/12--01015--008 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations Cloud of Glory Community Development Inc. N02000002524 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Margaret Wells (Name of Contact Person) (Firm/ Company) 2925 13th Avenue South (Address) Saint Petersburg, Florida 33712 (City/ State and Zip Code) mwellsfaith@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Margaret Wells (Name of Contact Person) Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (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

Articles of Amendment to Articles of Incorporation of

Cloud of Glory Community D	evelopment, Inc	•	
(Name of Corporation as currently filed w	ith the Florida Dept. of	State)	
N02000002524			
(Document Numbe	r of Corporation (if knowr	1)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida</i>	Not For Profit Corporation adopts	the following
A. If amending name, enter the new name of th	e corporation:		
A Better Day Community Deve	elopment Inc.		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		rporated" or the abbreviation "Corp	
B. Enter new principal office address, if applica	ıble:		<u>≥</u>
(Principal office address <u>MUST BE A STREET A</u>	IDDRESS)		SE
			19 PH
C. Enter new mailing address, if applicable:		<u>, </u>	
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)		<u> </u>
		Jan.	· · · (2)
D. If amending the registered agent and/or reginew registered agent and/or the new register		florida, enter the name of the	
Name of New Registered Agent:			
	(Florida street aa	dress)	
New Registered Office Address:	(* 13) Mai 31 00 Mai		
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent		l accept the obligations of the positi	on.
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 <math>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	<u>V</u> <u>N</u>	ohn Doe Mike Jones Bally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Willie Wells	2925 13th Ave Sth
X_{Add}			Saint Petersburg, FI
Remove			33712
2) Change	D	Frederick Hurskin	2925 13th Ave Sth
X			Saint Petersburg, FI
Remove			33712
3) Change			
Add			
Remove			
4) Change			. <u> </u>
Add			
Remove			
5) Change	***		
Add			
Remove			
6) Change			
Add			
Remove			

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s) I.
☐ There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.
. August	15, 2012
Dated August	10, 2012
<u> </u>	
Signature Mare	sout Wells
(By the chair	nan or vice chairman of the board, president or other officer-if directors
(By the chair have not bee	n selected, by an incorporator – if in the hands of a receiver, trustee, or
(By the chair have not bee	· ·
(By the chair have not bee	n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)
(By the chain have not bee other court a	n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)
(By the chain have not bee other court a	n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary) Vells

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