(Requ	uestor's Name)	· · · · · ·
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(City/	State/Zip/Phone	2 #)
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PICK-UP	TIAW	MAIL
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Certified Copies	Certificates	of Status
Certified Copies	Certificates	or Status
Special Instructions to Fi	ling Officer	
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	Office Use Onl	hz.



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COVER LETTER

TO: Amendment Section Division of Corporations

11000 100 5	Resource Center of Tamp	() 10 A
NAME OF CORPORATION: WOLLD	Kesource Lenter DT lamp	a, anc
DOCUMENT NUMBER: N 03	00000 7541	
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Cheryl	English Contact Person)	
Women's Respu	(ce Center of Tampa,	dnc
1017 K	ings way Rd	
Brand (City/ State	e and Zip Code)	
E-mail address: (to be used	for future annual report notification) Graville	ce com
For further information concerning this matter, please	call:	_
Chery English (Name of Contact Person)	at (813) 601 - 3696 X (Area Code & Daytime Telephone Number)	242
Enclosed is a check for the following amount made page	yable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$43.75 Filing Fee & □ Certificate of Statu 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

Articles of Amendment to

Articles of Incorporation of

Momen's Remarkable (Name of Corporation as curr	OSOUV CE CENTEV to rently filed with the Florida Dept. of State	of Tampa, Inc
(Document Nur	DODO 7541 mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		fit Corporation adopts
A. If amending name, enter the new name of	of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company" of		porated" or the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		SEE BY
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		TO TO THE TOP OF THE T
D. If amending the registered agent and/or new registered agent and/or the new registered department of New Positional Access.		the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	Florida(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registere position.	ing Registered Agent: d agent. I am familiar with and accept	the obligations of the
	Signature of New Registered Agent, if chang	ging

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>		Address	Type of Action
				Add Remove
	***************************************	- 		Add Remove
				Add Remove
E. If amen	ding or adding additional sheets, if nece	(Be specified the specified th	change(s) here:	after

The date of each amendment(s)	adoption: <u>0t 3, 2009</u>	
Effective date if applicable:	(date of adoption is required) ((no more than 90 days after amendment) file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendmental.	ent(s)
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/wors.	ere
Dated	Oct 13,2009	
have no	chairman or vice chairman of the board, president or other officer-if of the been selected, by an incorporator – if in the hands of a receiver, trourt appointed fiduciary by that fiduciary)	
	Chery English (Typed or printed name of person signing)	
_	Executive Director	