

N04000006384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

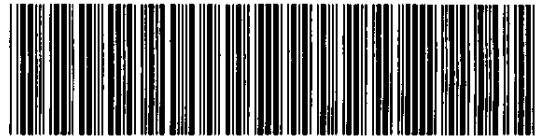
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV -5 PM 1:19

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Amend

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Compassion Alliance, Inc.

DOCUMENT NUMBER: N04000006384

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeanette Morgan
(Name of Contact Person)

Compassion Alliance, Inc.
(Firm/ Company)

PO Box 771918
(Address)

Ocala, FL 34477
(City/ State and Zip Code)

jmorgan@compassionatealliance.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeanette Morgan at (352) 369-5683
(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:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status 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

Compassion Alliance, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N04000006384

(Document Number of Corporation (if known))

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2009 NOV -5 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

The new 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 MUST BE A STREET ADDRESS)

Compassion Alliance, Inc.

5760 SW 25th Street

Ocala, Florida 34474

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Compassion Alliance, Inc.

Post Office Box 771918

Ocala, Florida 34477

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: _____

New Registered Office Address: _____

(Florida street address)

_____, Florida _____
(City) (Zip Code)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Dr. Nam S. Kim	130-30 31ST AVE. Flushing, NY 11354	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Steven R. Ewing	Steven R. Ewing 5580 SE 37th Place Ocala, Florida 34471	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
DIR	Paul Romine	Paul Romine 2817 SW 36th Drive Ocala, Florida 34474	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

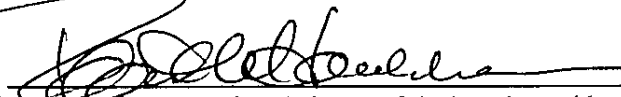
The date of each amendment(s) adoption: October 27, 2009
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 10-30-09

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Dr. Robert Houlihan
(Typed or printed name of person signing)

President
(Title of person signing)