

NO40000007959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

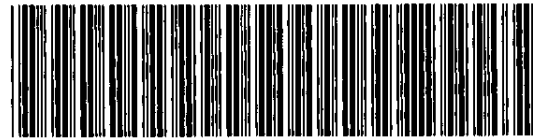
(Business Entity Name)

(Document Number)

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01/26/12--01005--006 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB - 6 PM 1:00

Amend  
@ 2/6/12

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: DESTROY AIDS NOW GET EDUCATED RIGHT, INC.

DOCUMENT NUMBER: N04000007959

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

Please return all correspondence concerning this matter to the following:

Ms. Coretha D. Smith

(Name of Contact Person)

DESTROY AIDS NOW GET EDUCATED RIGHT, INC.

(Firm/ Company)

PO BOX 1465

(Address)

BELLE GLADE FL 33430

(City/ State and Zip Code)

Coretha.Smith@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ms. Coretha D. Smith at (561) 257-9811

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2012

CORETHA D. SMITH  
DESTROY AIDS NOW GET EDUCATED RIGHT INC  
P.O. BOX 1465  
BELLE GLADE, FL 33430

SUBJECT: DESTROY AIDS NOW GET EDUCATED RIGHT, INC.  
Ref. Number: N04000007959

We have received your document for DESTROY AIDS NOW GET EDUCATED RIGHT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

YOU FAILED TO SIGN THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 512A00002267

RECEIVED

12 FEB -6 AM 8:03

RECEIVED  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**DESTROY AIDS NOW GET EDUCATED RIGHT, INC.**

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

**N04000007959**

(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:**

\_\_\_\_\_ 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)

**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)

\_\_\_\_\_, Florida

\_\_\_\_\_  
(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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB -6 PM 1:00

(Attach additional sheets, if necessary)

*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.*

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Address

3670 Joseph Drive  
West Palm Beach, Florida 33411

8537 West Wilshire  
Phonix Arizona 85037

290 NW 11th Avenue  
South Bay Florida 33493

\_\_\_\_\_

**E. If amending or adding additional Articles, enter change(s) here:**

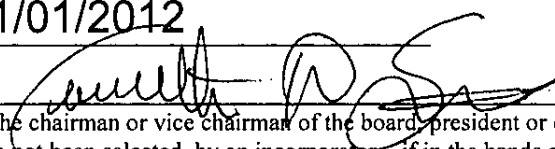
*(attach additional sheets, if necessary). (Be specific)*

Purpose: To establish a self supporting non profit organization  
for re-entry, ex-offenders and high risk individuals for im-  
proving educational and social conditions in community  
setting about facts of the addictions and its relationship to  
HIV/AIDS epidemics while heightening moral valuse, and  
inspiring positive and constructive behavioral changes to  
reduce addictions, its negative effects including HIV/AIDS  
epidemic through knowledge.

The date of each amendment(s) adoption: 12/28/2011  
Effective date if applicable: 12/28/2011  
*(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 01/01/2012  
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)

Ms. Coretha D. Smith

(Typed or printed name of person signing)

Executive Director

(Title of person signing)