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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Life Changers Foundation, Inc..

**DOCUMENT NUMBER:** N05000004027

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

Please return all correspondence concerning this matter to the following:

Gwendolyn Irvin

(Name of Contact Person)

Life Changers Foundations, Inc..

(Firm/ Company)

4900 Donovan St

(Address)

Orlando, FL 32808

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Gwendolyn Irvin

(Name of Contact Person)

at ( 407 ) 295-9041

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
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☐ \$52.50 Filing Fee  
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is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Life Changers Foundation, Inc.**

N05000004027

(Attach additional pages if necessary)  
(continued)

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The date of adoption of the amendment(s) was: June 17, 2005

Effective date if applicable: June 18, 2005  
(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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 19<sup>th</sup> day of June, 2005

Signature Gwendolyn Irvin  
(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.)

Gwendolyn Irvin

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**