N05000005998

(Re	questor's Name)	
(Ad	dress)	<u>.</u>
(Ād	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS



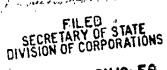
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: United Christian Children's Fund, Inc.				
DOCUMENT NUMBER: 5000005998				
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Dr. Bernard D. Ivey				
(Name	of Contact Person)			
United Christian Children's	Fund. Inc			
(Fi	rm/ Company)			
252 Saxony Court				
	(Address)			
Winter Springs, FL 32708				
•	State and Zip Code)			
For further information concerning this matter,	please call:			
Dr. Bernard D. Ivey	at (407) 695-110	00		
(Name of Contact Person)	(Area Code & Daytim	e Telephone Number)		
Enclosed is a check for the following amount n	nade payable to the Florida De	partment of State:		
✓ \$35 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section	Street Address Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee FL 32314	2661 Evecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



08 DEC -1 PH 12: 56

No	ntly filed with the Florida Dept. of S 5000005998	<u>tate)</u>
	ber of Corporation (if known)	_
Pursuant to the provisions of section 617.1006, I the following amendment(s) to its Articles of Ind		Profit Corporation adopts
. If amending name, enter the new name of	the corporation:	
United Children's Charity Fund,Inc	3.	
The new name must be distinguishable and co abbreviation "Corp." or "Inc." <u>"Companv" or</u>	ontain the word "corporation" or "in	corporated" or the
B. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>		,
,		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	
,	egistered office address in Florida, e	nter the name of the
D. If amending the registered agent and/or re	egistered office address in Florida, e	nter the name of the
D. If amending the registered agent and/or re new registered agent and/or the new regis	egistered office address in Florida, e	nter the name of the
D. If amending the registered agent and/or registered agent and/or the new registered Agent: Name of New Registered Agent:	egistered office address in Florida, entered office address:	nter the name of the , Florida

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
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	:	
E. If amer (attach	nding or adding additional A additional sheets, if necessary	rticles, enter change(s) here:). (Be specific)	
		•	•

The date of each amendment(s) adoption: 11/23/08		
Effective date if applicable:	11/23/08	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated11/2	24/08	
Signature		
	the chairman or vice chairman of the board, president or other officer-if directors	
hav	e not been selected, by an incorporator - if in the hands of a receiver, trustee, or	
oth	er court appointed fiduciary by that fiduciary)	
	Dr. Bernard D. Ivey	
	(Typed or printed name of person signing)	
	Chairman of the Board	
	(Title of person signing)	

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