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SECRETARY OF STATE TALLAHASSEE, FLORID.

Anund CC 3 Ma 4 18/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	ORPORATION: Help Haiti Now,	Inc.
DOCUMENT	NUMBER: EIN 01-0843574	NOSDODO09199
The enclosed A	Articles of Amendment and fee are subm	itted for filing.
Please return a	Il correspondence concerning this matter	to the following:
		a W. Quirk ontact Person)
•	Help Ha	iti Now, Inc.
•	(Firm/	Company)
: `		ckory St.
		FL 33870 and Zip Code)
	ga.quirk@	②gmail.com
	•	for future annual report notification)
Georgia W.	Ouirk	at (863) 991-0898
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a c	heck for the following amount made pay	vable to the Florida Department of State:
□\$35 Filing F	Fee \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee &
	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

Help	Haiti Now, In	c.		
(Name of Corporation as cu	rrently filed with	····		_
Elì	N 01-0843574	NOSO	000091	99
(Document N	lumber of Corporat	ion (if known)		•
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of	06, Florida Statutes f Incorporation:	, this <i>Florida Not Fe</i>	or Profit Corporat	ion adopts
A. If amending name, enter the new name	e of the corporatio	ni.		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	contain the word or "Co," may not	"corporation" or ' be used in the nam	'incorporated" or	the
B. Enter new principal office address, if a		700 Armada Rd. North		
(Principal office address MUST BE A STR.	EET ADDRESS)	Venice, FL 342	85-1607	
		·	10)	-
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF			•	lốể <mark>Đ</mark> ể Lyttyl
:	-			JUN 17 AM
D. If amending the registered agent and/o new registered agent and/or the new re			enter the name o	CORIDA
Name of New Registered Agent:	Alstrea Wille au	41 VOOL	ui.	

New Registered Office Address:	(Flori	da street address)		•
	700 Armada	a Rd. North, Veni	ce Florida 342	285
		(City)	(Zip Code	<u></u>
New Registered Agent's Signature, if chan I hereby accept the appointment as register position.		gent: familiar with and a	ccept the obligation	ons of the
-	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)

· Title	Name -	Address . Type of A	ctio
Presig	Rachel A. Quirk	275 S. McCall Rd #2	ve
Presid	Rachel A. Quirk	700 Armada Rd. North ☑ Add Venice, FL 34285 ☐ Remo	ve
Secret	Duane D. Acha	—————————————————————————————————————	ve
)	·		
E. If amend	ling or adding additional	l Articles, enter change(s) here:	
	John Prince	26 Autumn Leaf Dr. Add	
<u> </u>		Thousand Oaks, CA 91360	
Treasurer	Georgia W. Quirk	700 Armada Rd. North Rem	ove
	·	Venice, FL 34285	
,			
Treasurer	Georgia W. Quirk	813 Hickory St. Add	
		Sebring, FL 33870	·
<u></u>		•	
·		· •	
		, ,	

The date of each amendmen	t(s) adoption: June 14, 2010	
Effective date if applicable:	June 14, 2010 (date of adoption is required)	·
	(no more than 90 days after amendment file date	2)
•	•	
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 froval.	or the amendment(s)
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendmentors.	dment(s) was/were

Ivan	. 14 2010	
Dated_June	2 14, 2010	
. Signature <u></u>	Georgia W. Quile	
	the chairman or vice chairman of the board, president or	
	e not been selected, by an incorporator – if in the hands er court appointed fiduciary by that fiduciary)	of a receiver, trustee, of
	Georgia W. Quirk	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	

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