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## COVER LETTER

TO: Amendment Section Division of Corporations

Human Trafficking A	wareness Partners	ships, Inc	
N0600008315 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submit	tted for filing.		
Please return all correspondence concerning this matter t	to the following:		
Lauren McCraney			
(5)	Name of Contact Per	son)	
Human Trafficking Awareness Partnerships, Inc			
	(Firm/ Company)		
7275 Concourse Dr. Unit 400			
	(Address)		
Fort Myers, FL 33908			
(C	ity/ State and Zip Co	ode)	
lauren@humantraffickingawareness.org			
E-mail address: (to be used fo	r future annual repo	rt notification	<del>-</del>
For further information concerning this matter, please cal	II:		
Lauren McCraney	at	239	415-2635
(Name of Contact Person)	··· (.	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payal	ole to the Florida De	partment of S	tate:
		Certific Certific	Filing Fee cate of Status ed Copy onal Copy is ed)
Mailing Address Amendment Section Division of Corporations	Amer	et Address	n .

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Human Trafficking Awareness Partnerships,	Inc				
(Name of Corporation	n as curren	tly filed with	the Florida Dept. o	f State)	
N06000008315				_	
(Docu	ment Numb	er of Corporat	ion (if known)		<u> </u>
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida</i>	Not For Profit Cor	<i>poration</i> adopts th	ne followin
A. If amending name, enter the new name of th	e corporat	ion:			
N/A 					Thermon
name must be distinguishable and contain the wor. "Company" or "Co." may not be used in the nam	d "corpora e.	tion" or "inco	rporated" or the abi	breviation "Corp.	The new " or "Inc."
B. Enter new principal office address, if application	able:	N/A			
(Principal office address MUST BE A STREET A		)	- <del>-</del>	<del></del>	
C. Enternance william add. 16 at 15					701
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	ROX)	N/A			قباً ، ،
MAN	<u> </u>			<u> </u>	
				· ·	
					320
5 Te					AH 3: 42
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered.</li> </ol>	stered office	<u>e address in F</u>	lorida, enter the n	ame of the	بب
	Lauren M	<del></del>			3
Name of New Registered Agent:	-	-			
	7275 Cor	icourse Dr Ur	nit 400		
Many Parried and LOGO and LL			(Florida street ada	(resy)	
<u>New Registered Office Address:</u>	F	_			
	Fort Myer			Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing F	Registered .	Agent:			
hereby accept the appointment as registered agen	t. Lum fan	siliar with and	accept the obligation	ns of the position.	
		78	2		
£	£	1/6			
(	<u></u>	nature of New	Registered Juant	t'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)

Please note the officer/director title by the first letter of the office title:

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.

Example: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add	<u>V</u> <u>N</u>	ohn Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	ED	Nola Theiss	7275 Concourse Dr #400
Add			Fort Myers, FL 33908
X Remove			<u> </u>
2) Change	ED	Lauren McCraney	7275 Concourse Dr. #400
X Add			Fort Myers, FL 33908
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:	
(attach additional sheets, if necessary). (Be specific)	
••••	
N/A	
	-
	<del></del>
	-
	<del></del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
May 1, 2019  Effective date if applicable:	
(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the number of votes cast was/were sufficient for approval.	for the amendment(s)
☐ There are no members or members entitled to vote on the amendment(s). The amendmentd by the board of directors.	ndment(s) was/were
6/12/19 Dated	
Signature  (By the chairman or vice chairman of the board, president or other)	er officer-if directors
have not been selected, by an incorporator – if in the hands of a other court appointed fiduciary by that fiduciary)	receiver, trustee, or
Lauren McCraney	
(Typed or printed name of person sig	ning)
Executive Director	
(Title of person signing)	