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| uestor's Name) | |
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Amend

OCT - 9 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

| NAME OF CORPORATION: | New Dav | vn Restorat | ion Cei | nter, Inc. |
|--------------------------------------|--------------------------------------|---|-----------|--|
| DOCUMENT NUMBER: | N07 | 000000644 | | |
| The enclosed Articles of Amendment | nt and fee are subn | nitted for filing. | | |
| Please return all correspondence con | ncerning this matte | r to the following | ng: | |
| | Terry N | McMillan | | |
| | | (Name of Cont | act Perso | n) |
| | New Dawn Re | storation C | enter, I | nc. |
| | | (Firm/ Cor | npany) | |
| | 7402 N. 56TH | STREET, S | SUITE | 600 |
| | , | (Addre | | |
| | TAM | PA FL 3361 | 7 | |
| | | (City/ State and | | e) |
| • | tmcm0 |)303@aol.c | om | |
| E-mail a | ddress: (to be used | | | notification) |
| For further information concerning | this matter, please | call: | | |
| Terry McMillan | | at (| 813 | 732-8405 ode & Daytime Telephone Number) |
| (Name of Contact Pe | erson) | \ <u></u> | (Area C | ode & Daytime Telephone Number) |
| Enclosed is a check for the followin | g amount made pa | yable to the Flo | rida Dep | artment of State: |
| | 3.75 Filing Fee & tificate of Status | S43.75 Filing Certified Cop (Additional of enclosed) | ру | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address Amendment Secti | | | | Address dment Section |
| Division of Corpo | | | | on of Corporations |

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

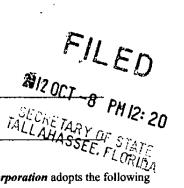
Articles of Amendment to Articles of Incorporation of

New Dawn Restoration Center, Inc.

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

N07000000644

(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:

| N/A | | | The |
|--|----------------------|--|--|
| me must be distinguishable and contain | | ation" or "incorporated" or the a | abbreviation "Corp." or ". |
| <u>Company" or "Co." may not be used in</u> | the name. | | |
| Enter new principal office address, i | if applicable: | N/A | |
| rincipal office address <u>MUST BE A ST</u> | | <u>(</u>) | |
| | | | |
| | | | |
| | | | |
| Enter new mailing address, if applie (Mailing address MAY BE A POST C | | N/A | |
| (112mm) manicos (12112 DE) 121 ODZ C | 77 17 10 12 13 03 13 | | |
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| | | | e name of the |
| new registered agent and/or the new | v registered office | | e name of the |
| new registered agent and/or the new | v registered office | | e name of the |
| | v registered office | | e name of the |
| new registered agent and/or the new | v registered office | | e name of the |
| new registered agent and/or the new Name of New Registered Agent: | v registered office | address: | e name of the |
| - | v registered office | address: (Florida street address) | |
| new registered agent and/or the new Name of New Registered Agent: | N/A | address: (Florida street address) , Flo | e name of the |
| new registered agent and/or the new Name of New Registered Agent: | v registered office | address: (Florida street address) , Flo | orida |
| new registered agent and/or the new Name of New Registered Agent: | N/A (Cit | address: (Florida street address) , Florida de Agent: | orida Zip Code) |

Page 1 of 4

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: X Change X Remove X Add | <u>V Mik</u> | n Doe te Jones y Smith | |
|----------------------------------|--------------|------------------------------|-------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>T</u> | Keith Babb | 5723 Sweet William Ter. |
| XX Add | | | Land O'Lakes, FL |
| Remove | | | 34639 |
| 2) Change | | | |
| Add | | | |
| 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) |
|---|
| Please add Keith Babb to New Dawn Restoration Center, Inc. as Treasurer. |
| This amendment was adopted by the officers/directors of the corporation. |
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| date of each amendment(s) adoption: 10/01/12 |
|--|
| ective date if applicable: 10/01/12 |
| (no more than 90 days after amendment file date) |
| option 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 10/01/12 Signature |
| have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| Terry McMillan |
| (Typed or printed name of person signing) |
| Vice President |
| (Title of person signing) |
| |