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Our also

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SWEATMONK	EY, INC.	
DOCUMENT NUM	BER: N07000001417		
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	er to the following:	
		M. Mariucci	
	(Name of	Contact Person)	
	SWEATN	MONKEY, INC.	
	(Firm	/ Company)	
	POI	Box 2100	
	(A	Address)	
	Lakelar	nd, FL 33806	
	(City/ Stat	e and Zip Code)	
		weatmonkey.org	ation)
Fa., 6.,46 au iu 6a	·	•	ation)
ror turther informatic	on concerning this matter, please	can:	
Maggie M. Mariud	oci	at (863) 698-899	
(Name	of Contact Person)	(Area Code & Daytin	me Telephone Number)
Enclosed is a check for	or the following amount made pa	ayable to the Florida Departmen	t of State:
☑\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amei Divis P.O.	ing Address Indment Section Indicate the Address Indicate the	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle

Articles of Amendment to Articles of Incorporation of

SWEATMONKEY, INC.

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

N07000001417

(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:

The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company			corporated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STR			TAILAH
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		PO Box 2040	20 PM 3:
(maining address MAT DE ATOST OF	TICL BOX	Lakeland, FL 3380	57 6
			ter the name of the
D. If amending the registered agent and/new registered agent and/or the new r			ter the name of the
	registered office ad		ter the name of the
new registered agent and/or the new r Name of New Registered Agent:	registered office ad	dress:	ter the name of the

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** <u>Name</u> Address **Type of Action** DP Maggie Mariucci, CEO ED PO Box 2040 ✓ Add ☐ Remove Lakeland, FL 33806 Vicki Maxwell, CEO ED DP PO Box 2040 ☐ Add ☑ Remove Lakeland, FL 33806 D Seth McKeel PO Box 2040 Lakeland, FL 33806 * See attached additional sheet. E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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 Action
D	Kay Fields	PO Box 2040	Remove
		Lakeland, FL 33806	

The date of each amendment(s) ad	loption: 2-12-10
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
✓ There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated <u>8/12/2010</u> Signature	O Comemne
(By the c	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
	Macon Tomlinson
	(Typed or printed name of person signing)
	President, Board of Directors
	(Title of person signing)