N07000002570

| (F | Requestor's Name) |
|----------------------|-------------------------|
| (/ | Address) |
| (/ | Address) |
| . (0 | City/State/Zip/Phone #) |
| PICK-UP | ☐ WAIT ☐ MAIL |
| | Business Entity Name) |
| (1 | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer: |
| | |
| | |
| | , |

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: SHARING INT | ERNATIO | <u>IANC</u> | INC | |
|--|--|---|--|--|---|
| DOCUMENT NUM | BER: N07000002570 | | | | |
| The enclosed Articles | of Amendment and fee are sub | mitted for fili | ing. | | |
| Please return all corre | espondence concerning this mat | ter to the folk | owing: | | |
| | | ria Trujillo | | <u></u> | |
| | (Name of | Contact Perse | on) | | • |
| | | ria Trujillo | | | ,, |
| | (Firm | n/ Company) | | | |
| | 2764 CA | AVENDER | СТ | | |
| • | (4 | Address) | | | |
| | JACKSON | VILLE FLO | RIDA | | |
| | (City/ Sta | te and Zip Co | ide) | | |
| | INFO@SHA E-mail address: (to be use | | | | on) |
| For further information | on concerning this matter, pleas | e call: | | | |
| Gloria Trujillo | | at (9 | 04 | 520 09 89 | Telephone Number) |
| (Name | of Contact Person) | (4 | Area Co | ode & Daytime | Telephone Number) |
| Enclosed is a check for | or the following amount made p | payable to the | Florida | a Department of | State: |
| □\$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Certified (Addition enclosed | Copy | | □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | 7 E C 2 | Amendr Division Clifton I 2661 Ex | Address nent Section of Corporations Building secutive Center C see, FL 32301 | ircle |



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2010

Gloria Trujillo Sharing International 2764 Cavender Ct. Jacksonville, FL 32216

SUBJECT: SHARING INTERNATIONAL, INC.

Ref. Number: N07000002570

We have received your document for SHARING INTERNATIONAL, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 910A00015751

Articles of Amendment to Articles of Incorporation of

FILED

2810 JUL 15 AM 8: 45

| (Name of Corporation as currently | filed with the Florida Dept. of | CRETARY OF STATE |
|---|---------------------------------|---------------------------------------|
| N07000 | 002570 | |
| | of Corporation (if known) | |
| ursuant to the provisions of section 617.1006, Floridate following amendment(s) to its Articles of Incorporate | | or Profit Corporation adopt |
| . If amending name, enter the new name of the | corporation; | |
| he new name must be distinguishable and contain bbreviation "Corp." or "Inc." "Company" or "Co | | |
| Enter new principal office address, if applicab | <u></u> | |
| Principal office address <u>MUST BE A STREET AD</u> | | |
| | | |
| | | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | OX) | |
| (Manning dames of the party of | <u> </u> | |
| | <u></u> | |
| | | |
| | | |
| If amending the registered agent and/or regist | | , enter the name of the |
| new registered agent and/or the new registered | a office address: | |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | |
| New Registered Office Address: | (Florida street address) | |
| New Registered Office Address: | (Florida street address) | |
| New Registered Office Address: | | , Florida |
| New Registered Office Address: | (Florida street address) (City) | , Florida (Zip Code) |
| New Registered Office Address: Lew Registered Agent's Signature, if changing Research the appointment as registered age osition. | (City) | (Zip Code) |
| ew Registered Agent's Signature, if changing Research the appointment as registered age | (City) | (Zip Code) |

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 |
| | | | |
| (attach a | ose for wich this non-profi | (Be specific) t corporation is being formed is to | |
| | | istry, to brig to the communities a ams for the youth of the commun | |
| programs | and much more. | | |
| | | | |
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| <u> </u> | | | |
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| | | | |

| The date of each amendmen | t(s) adoption: 07/14/2010 |
|---|---|
| Effective date <u>if applicable</u> : | (date of adoption is required) immediatly |
| | (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 | ere adopted by the members and the number of votes cast for the amendment(s) proval. |
| 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. |
| bak | 4/2010 The chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) |
| | Gloria Trujillo (Typed or printed name of person signing) |
| | president |
| | (Title of person signing) |