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Office Use Only



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SECRETARY OF STATE

NC

9/4/05/

COVER LETTER

TO: Amendment Section Division of Corporations

| The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sha; Goldstein (Name of Contact Person) (Firm/ Company) 2/9 of: /9ka forest cir 20/ Borg Reten ft 33433 (City/ State and Zip Code) For further information concerning this matter, please call: Sha; Goldstein at (56/) 2/2-// 92 (Name of Contact Person) |), IN c |
|---|---------|
| Please return all correspondence concerning this matter to the following: Sha; Goldstein (Name of Contact Person) (Firm/ Company) 2/9 of 19ka forest cir 20/ Bore Region ft 33433 (City/ State and Zip Code) For further information concerning this matter, please call: | |
| Sha; Goldstein (Name of Contact Person) (Firm/ Company) 2/9 of. /9kg.fo(est cir 20/ Bore Regronft 3243) Bocg Raton Fl 33433 (City/ State and Zip Code) For further information concerning this matter, please call: | |
| (Firm/ Company) 2/9 of 19kg forest cir 20/ Bore Region #133433 Boce Region Fl 33433 (City/ State and Zip Code) For further information concerning this matter, please call: | |
| (Firm/ Company) 2/9 of 19kg forest cir 20/ Bore Region #133433 Boce Region Fl 33433 (City/ State and Zip Code) For further information concerning this matter, please call: | |
| 2/9 of. 19ks forest cir 201 Bore Retainft-33433 Boca Raton FL 33433 (City/ State and Zip Code) For further information concerning this matter, please call: | |
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| Rocg Raton FL 33433 (City/ State and Zip Code) For further information concerning this matter, please call: | |
| For further information concerning this matter, please call: | |
| For further information concerning this matter, please call: | |
| Shqi Goldstein at (56) 2/2-// 92 (Name of Contact Person) (Area Code & Daytime Telephone Number) | |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) | |
| (And code & Dayante religione religion) | |
| Enclosed is a check for the following amount: | |
| \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed) | |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle | |

Articles of Amendment **Articles of Incorporation**

The senter for identity theft prevention inc

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

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ASSEE, FLORIDA No 30000@3011 (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:

NEW CORPORATE NAME (if changing): Shai Goldstein foundation inc (must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation) AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article

| Number(s) and/or A | rucie Title(s) bein | ed or deleted: (I | <u>DE SPECIFIC</u>) | |
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(Attach additional pages if necessary) (continued)

| The date of adoption of the amendment(s) was: 25.08 |
|---|
| Effective date if applicable: 8,25,68 |
| (no more than 90 days after amendment file date) |
| |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was (were) adopted by the members and the number of votes cas for the amendment was sufficient for approval. |
| There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors. |
| Signature Shai Shlum (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or |
| other court appointed fiduciary, by that fiduciary.) |
| (Typed or printed name of person signing) |
| (Types of printed name of person signing) |
| president |
| (Title of person signing) |

FILING FEE: \$35