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Amend CUB (10)13/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: H.E.L.P.U.S.A	A, INC.		
DOCUMENT NUM	BER: N07000005729			
The enclosed Articles	s of Amendment and fee are sul	omitted for filing.		
Please return all corre	espondence concerning this mat	ter to the following:	,	
		Sheffield	11/4	
	(Name of	'Contact Person)	3557	
	ASA	P Services		
	(Firm	n/ Company)		
	PO E	3ox 555010		
	(,	Address)		
	Orland	do, FL 32855		
	(City/ Sta	te and Zip Code)	<u> </u>	 _
————For further information	asapservion E-mail address: (to be use on concerning this matter, pleas		eport notifica	tion)
Jerry Delgiudice		at (407	<u>) 393-0713</u>	ne Telephone Number)
(Name	of Contact Person)	(Area Co	ode & Daytim	ne Telephone Number)
Enclosed is a check for	or the following amount made p	ayable to the Florida	a Department	of State:
□\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Certified Copy (Additional copy enclosed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address	Street A		is chelosod)
	dment Section of Corporations		nent Section	
	Box 6327	Division Clifton E	of Corporation	18
	nassee, FL 32314		ecutive Center	Circle

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**

H.E.L.P.U.S.A. INC.

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

NOZOOOOEZZO

NU	7000005729			
(Document Nu	umber of Corporati	on (if known)		
Pursuant to the provisions of section 617.100c the following amendment(s) to its Articles of		this <i>Florida Not For F</i>	Profit Corporation adopts	
A. If amending name, enter the new name	of the corporation	<u>n:</u>		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			corporated" or the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		8516 Old Winter Garden Road		
		Ste 205		
		Orlando, Florida 3	2835	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF	PO Box 555010			
		Orlando, Florida 32855		
D. If amending the registered agent and/or new registered agent and/or the new re			ter the name of the	
Name of New Registered Agent:	E	d Sheffield		
	4700 M	illenia Blvd #175		
New Registered Office Address:	(Flori	ida street address)	_	
		Orlando	, Florida 32839	
		(City)	(Zip Code)	
New Registered Agent's Signature, if change I hereby accept the appointment as register position.	ging Registered A red agent. I am	gent: familiar with and acce	ept the obligations of the	
_	Signature of New	Registered Agent, if ch	anging	

Page 1 of 3

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
PRES	Mark A. Slimon	810 Kazaros Circle Ocoee, FL 34761	_ □ Add _ ☑ Remove
SEC_	Jerry Mattia	6102 Curry Ford Rd #202 Orlando, FL 32822	
<u>CFO</u>	Gladys G. Stephens	305 Sterling Lake Drive Ocoee, FL 34761	_ ☐ Add _ ☑ Remove
	ng or adding additional Articles, enter itional sheets, if necessary). (Be specif		

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
PRES	Jerry Delgiudice	8516 Old Winter Garden Road Ste 205 Orlando, FL 32835	☑ Add □ Remove
<u>VP</u>	Audrey Vaughn	8516 Old Winter Garden Road Ste 205 Orlando, FL 32835	☑ Add ☐ Remove
<u>VP</u>	Ezzer I Flores	8516 Old Winter Garden Road Ste 205 Orlando, FL 32835	☑ Add ☐ Remove
	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specificational sheets)		
		-	
			
			.,

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
<u>VP</u>	Cindy Cro	otty		8516 Old Winter Garden Road Ste 205 Orlando, FL 32835		_ ☑ Add _ ☐ Remove
<u>VP</u>	Pete Crott	ty		8516 Old Wint Ste 205 Orlando, FL 32		_ ☑ Add _ □ Remove
			<u></u>			_ ☑ Add _ □ Remove
E. If amendatach a	ding or adding a dditional sheets,	additional Art if necessary).	i <mark>cles, enter (</mark> (Be specifi	change(s) here:		
				<u></u>		
		_				
						
		, 				

The date of each amendmen	nt(s) adoption: September 26, 2010
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
	PS & F
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/w was/were sufficient for ap	vere 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 d	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.
Dated_Se	ptember 26, 2010 09/36/75
(B	By the chairman of vice chairman of the board, president or other officer-if directors
	ave not been selected, by an incorporator – if in the hands of a receiver, trustee, o
ot	her court appointed fiduciary by that fiduciary)
	I / V
	/ / Jerry DelgiudicePresident
	(Typed or printed name of person signing)
	Darcia -
	(Title of person signing)
	CTITIE OF DEISON SIZINIS

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