N07000009445

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(Requestor's Name)	
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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SECRETARY OF STATE

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Ameral Newsy 3-20-04

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION:	NEW	HORIZON	SUPPOR'	T GROUP,	INC	
DOCUMENT NUM	IBER:	NO.	70000094	45			
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corr	espondence concer	ning t	his matter to	the followi	ing:		
	ARI	ZONA	JENKIN	s			
		(Nam	e of Contact Pe	erson)		•	
	NEW	HOR	IZON SUP	PORT GR	OUP, INC		
		(I	Firm/ Company	·)			
	101	7 E.	24th Av	e			
***************************************		.	(Address)				
	Tam	pa F	lorida	33605			
		(City/	State and Zip	Code)			
For further informati	on concerning this	matte	r, please call	:			
Arizona jen	kins		at (8	13)	494-0111		
(Name o	f Contact Person)			(Area Code	& Daytime Tel	ephone Number)	
Enclosed is a check t	for the following ar	mount	made payab	le to the Flo	orida Depart	ment of State:	
\$35 Filing Fee	S43.75 Filing Fee Certificate of Sta		Cer (Ad	.75 Filing Fee tified Copy Iditional copy closed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations		Amer	t Address adment Section of Corp				
P.O. Box 6327			Clifto	n Building			
Tallahassee FL 32314			2661	Executive (Center Circle	a.	

Tallahassee, FL 32301



RECEIVED

Letter Number: 409A00006360

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2009

ARIZONA JENKINS
NEW HORIZON SUPPORT GROUP INC.
1017 E. 24TH AVENUE
TAMPA, FL 33605

SUBJECT: NEW HORIZON SUPPORT GROUP INC.

Ref. Number: N07000009445

We have received your document for NEW HORIZON SUPPORT GROUP INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form was submitted.

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

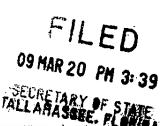
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of



NEW HORIZON SUPPORT GROUP, INC.

(Name of Corporation as current	tly filed with the Flo	rida Dept. of State)	
N07000094	45		
(Document Number	er of Corporation (if k	(nown)	
Pursuant to the provisions of section 617.1006, FI the following amendment(s) to its Articles of Incompared to the provisions of section 617.1006, FI the following amendment(s) to its Articles of Incompared to the provisions of section 617.1006, FI the following amendment(s) to its Articles of Incompared to the provisions of section 617.1006, FI the following amendment(s) to its Articles of Incompared to the provisions of section 617.1006, FI the following amendment(s) to its Articles of Incompared to the provisions of section 617.1006, FI the following amendment(s) to its Articles of Incompared to the provisions of section 617.1006, FI the following amendment(s) to its Articles of Incompared to the provisions of section 617.1006, FI the following amendment(s) to its Articles of Incompared to the provision of t		lorida Not For Profit Co	rporation adopts
A. If amending name, enter the new name of the	he corporation:		
**			
The new name must be distinguishable and conabbreviation "Corp." or "Inc." "Company" or "	tain the word "corpo "Co." may not be use	oration" or "incorporate o <mark>d in the name</mark> .	ed" or the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			
Ar;			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E <i>BOX</i>)		·
			• • •
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:		ss in Florida, enter the r	name of the
New Registered Office Address:	(Florida stre	et address)	•
	(City)	, Flori	ida ip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a position.	ageni. I am fumilia		•

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
			Add Remove
(attach a	ding or adding additional Article dditional sheets, if necessary). (A ending Article III P	Be specific)	ation)
	lusively for charita	······································	
	help individuals wit		
	merp individuals with	uissabilities be, s	Serr Surricient.
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The date of each amendmen	t(s) adoption: March 17, 2009
Effective date <u>if applicable</u> :	(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.
Dated	arch 17, 2009
hav	the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
•	Arizona Jenkins
	(Typed or printed name of person signing)
	President
	(Title of person signing)