Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JOHN M WICKER PA

Account Number : 120070000104

Phone : (239) 939-2222 Fax Number : (239)939-2280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FRANS @ CAWCRW, COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN THE HALO PROJECT, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

APR 1 2 2010

Articles of Amendment

| Articles of Incorporation of | | | 超点 |
|---|---------------------------------------|----------------|------------------------------|
| | • | _ | SSE |
| (Name of Corporation as curre | PROJECT, INC | | State) TO |
| | | intida Debr Al | SIE |
| | 000009599 ober of Corporation (it | Cleanin | |
| (Document Nun | noer or Corporation (ii | i known) | |
| Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Ir | Florida Statutes, this accorporation: | Florida Not Fo | or Profit Corporation adopts |
| A. If amending name, enter the new name o | f the corporation: | | |
| The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" of B. Enter new principal office address, if app (Principal office address MUST BE A STREE | or "Co." may not be u: olicable: | | |
| C. Enter new malling address, if applicable (Mailing address MAY BE A POST OFFI | <u>:</u> CE BOX) | | |
| D. If amending the registered agent and/or new registered agent and/or the new regis | | | enter the name of the |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | (Florida st | reet address) | |
| | (Ci | ifv) | , Florida (Zip Code) |
| | (C) | •97 | (wy. over) |

New Registered Agent's Signature. if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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| removed a (Attach add | <u>nd title. name, and address of s</u> ditional sheets, if necessary) | each Officer and/or Director being a | <u>iaded:</u> |
|--------------------------|---|--|-------------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | ☐ Add ☐ Remove |
| | | | Add Remove |
| | | | ☐ Add |
| (attach d | ading or adding additional Articularity additional sheets, if necessary). | cles, enter change(s) here: (Be specific) - EXEMPT ORGANIZATION | · |
| • | | | |
| | | ZED EXCLUSIVELY FOR CHAI | |
| | | PURPOSES, INCLUDING, FOR | |
| THE MA | KING OF DISTRIBUTIONS | TO ORGANIZATIONS THAT C | QUALIFY AS EXEMPT |
| ORGANI | ZATIONS UNDER SECTION | N 501(c)(3) OF THE INTERNA | L REVENUE CODE, |
| OR COR | RESPONDING SECTION | OF ANY FUTURE FEDERAL TA | AX CODE. |
| <u></u> | | The state of the s | <u></u> |
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| | | - Cappel | |
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| | | | |

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| The date of each amendment(s) adoption: APRIL 9, 2010 | | | | |
|---|---|--|--|--|
| | (date of adoption is required) | | | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | | | |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| The amendment(s) was/were ac was/were sufficient for approva | lopted by the members and the number of votes cast for the amendment(s) l. | | | |
| There are no members or mem adopted by the board of directors | bers entitled to vote on the amendment(s). The amendment(s) was/were ars. | | | |
| Dated_APRIL_1 | 2, 2010 | | | |
| (By the have no | chairman or vice chairman of the board, president or other officer-if directors at been selected, by an incorporator – if in the hands of a receiver, trustee, or purt appointed fiduciary by that fiduciary) | | | |
| | JOHN M. WICKER | | | |
| _ | (Typed or printed name of person signing) | | | |
| · | DIRECTOR, SECRETARY AND TREASURER | | | |
| _ | (Title of person signing) | | | |

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