# N010000180

|                      | (Requestor's Name)       |         |
|----------------------|--------------------------|---------|
|                      | (Address)                |         |
|                      | (Address)                |         |
| <u></u> .            | (City/State/Zip/Phone #) |         |
| PICK-U               | P WAIT                   | MAIL    |
|                      | (Business Entity Name)   |         |
|                      | (Document Number)        |         |
| Certified Copies     | Certificates of S        | Status  |
| Special Instructions | to Filing Officer:       |         |
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Office Use Only



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SECRETARY OF STATEMENT SECRETARY OF CORPORATIONS
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## **COVER LETTER**

TO: Amendment Section

\*Division of Corporations

| NAME OF CORPORATION: SAUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | THE CHILDREN, N                                                                                                             | YC,                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: 26-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1151397                                                                                                                     |                                                                                                  |
| The enclosed Articles of Amendment and fee are s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ubmitted for filing.                                                                                                        |                                                                                                  |
| Please return all correspondence concerning this m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | atter to the following:                                                                                                     |                                                                                                  |
| MICHAEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SATTA 9 LIP<br>of Contact Person)                                                                                           |                                                                                                  |
| Hope 4 our y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | butt inc.                                                                                                                   | Naphinagan-up-yayya                                                                              |
| Hope 4 our y<br>Hope For our y<br>2610 14ARINA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rm/Company) 10 wtH, I(UC,                                                                                                   | •                                                                                                |
| 2610 14ARIHA (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3AX DB. (É, 13406.                                                                                                          | 5 Apt 102                                                                                        |
| FT LAUDERDA<br>(City/S<br>Micharel BAttaglia<br>E-mail address: (to be u                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LE, FLORIDA  State and Zip Code)  Hope Your You                                                                             |                                                                                                  |
| E-mail address: (to be used to be |                                                                                                                             | ,                                                                                                |
| MICHAEL BATTAGLIA (Name of Contact Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                                                                           | 0711                                                                                             |
| (Name of Contact Person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Area Code & Daytime Te                                                                                                     | elephone Number)                                                                                 |
| Enclosed is a check for the following amount made                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e payable to the Florida Department of S                                                                                    | tate:                                                                                            |
| \$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Certified Copy (Additional copy is enclosed) (                                                                              | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>Additional Copy<br>is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301 | le                                                                                               |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2011

MICHAEL BATTAGLIA SAVE THE CHILDREN, INC. 2610 MARINA BAY DR., E BLDG 5 APT. 102 FT. LAUDERDALE, FL 33312

SUBJECT: SAVE THE CHILDREN, INC.

Ref. Number: N07000010180

We have received your document for SAVE THE CHILDREN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ALL THE PAGES OF THE AMENDMENT WAS NOT INCLUDED.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 411A00003580

MR CHANGE DAILY

### **Articles of Amendment**

to

# Articles of Incorporation of

|                                                                                                                                                                     | 0, ,                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| SAVE THE CHILDREN                                                                                                                                                   | INC.                                              |
| (Name of Corporation as currently filed with                                                                                                                        | the Florida Dept. of State)                       |
| 26-1151397                                                                                                                                                          | THC, the Florida Dept. of State)                  |
| (Document Number of Corpora                                                                                                                                         |                                                   |
| Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:                                        | s, this Florida Not For Profit Corporation adopts |
| A. If amending name, enter the new name of the corporation                                                                                                          | en:                                               |
| HODE 4 OUR YOUTH The new name must be distinguishable and contain the word                                                                                          | ÍNCI                                              |
| The new name must be distinguishable and contain the word                                                                                                           | d "corporation" or "incorporated" or the          |
| abbreviation "Corp." or "Inc." "Company" or "Co." may no                                                                                                            |                                                   |
| B. Enter new principal office address, if applicable:                                                                                                               | NO CHANGE                                         |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )                                                                                                         | NO CHANGE                                         |
|                                                                                                                                                                     |                                                   |
|                                                                                                                                                                     |                                                   |
| C. Enter new mailing address, if applicable:                                                                                                                        | ~ A                                               |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                          | SAME                                              |
|                                                                                                                                                                     | SAME<br>NO CHANGE                                 |
|                                                                                                                                                                     | •                                                 |
|                                                                                                                                                                     |                                                   |
| D. If amending the registered agent and/or registered offic                                                                                                         |                                                   |
| new registered agent and/or the new registered office a                                                                                                             | dares:                                            |
| Name of Name Descriptored Assets                                                                                                                                    | / A                                               |
| Name of New Registered Agent:                                                                                                                                       |                                                   |
| Name of New Registered Agent.                                                                                                                                       |                                                   |
|                                                                                                                                                                     | orida street address)                             |
|                                                                                                                                                                     | / /                                               |
| New Registered Office Address: (Flo                                                                                                                                 |                                                   |
| New Registered Office Address: (Flo                                                                                                                                 | (City), Florida_<br>(Zip Code)                    |
| New Registered Office Address: (Flo                                                                                                                                 | (City) , Florida (Zip Code)  Agent:               |
| New Registered Office Address: (Flow)  New Registered Agent's Signature, if changing Registered                                                                     | (City) , Florida (Zip Code)                       |
| New Registered Office Address: (Flating New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I amposition. | (City) , Florida (Zip Code)  Agent:               |
| Name of New Registered Agent.                                                                                                                                       |                                                   |

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>                     | <u>Address</u>                                               | Type of Action |
|-----------------------------------------|---------------------------------|--------------------------------------------------------------|----------------|
| *************************************** | <u>.</u>                        | · · · · · · · · · · · · · · · · · · ·                        | Add Remove     |
|                                         |                                 | · , ———————————————————————————————————                      | ☐ Add ☐ Remove |
| <del></del>                             |                                 | ~~~~                                                         |                |
| E. If amer<br>(attach d                 | additional sheets, if necessary | Articles, enter change(s) here:  y). (Be specific)  HANGIZ S |                |
|                                         |                                 |                                                              |                |
|                                         |                                 |                                                              |                |
|                                         |                                 |                                                              |                |
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|                                         |                                 |                                                              |                |
| **************************************  | - 11181                         |                                                              |                |
|                                         |                                 | 1. 40.00.                                                    |                |

| ••                  | date of adoption is required)  if applicable:  (no more than 90 days after amendment file date)                                                                                                                                   |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Adoption of .       | Amendment(s) (CHECK ONE)                                                                                                                                                                                                          |
|                     | dment(s) was/were adopted by the members and the number of votes cast for the amendment(s) sufficient for approval.                                                                                                               |
| There are adopted b | Dated  Nignature  Mile   13   14   15   16   16   16   16   16   16   16                                                                                                                                                          |
|                     | (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, o other court appointed fiduciary by that fiduciary) |
|                     | (Typed or printed name of person signing)  PRESIDENT (CEO)                                                                                                                                                                        |

Page 3 of 3