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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: I'M A SURVIV	OR INC	
DOCUMENT NUM	BER: N08000004936		
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
		yn Dallas	
	(Name of	Contact Person)	
	I'M A SL	JRVIVOR INC	
	(Firm	/ Company)	
	508 M	aydell Drive	
	(A	Address)	
	Tampa,	Florida 33619	
•	(City/ Stat	te and Zip Code)	
		_6@hotmail.com d for future annual report notific	ation)
For further information	on concerning this matter, please	e call:	
Iselyn Dallas		_{at (} 813 ₎ 716-654	8
(Name	of Contact Person)	at (<u>813</u>) <u>716-654</u> (Area Code & Daytii	me Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departmen	t of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☑ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle

Articles of Amendment to Articles of Incorporation of

TANGUL 23 AM 9. 28 t. of State)

I'M A SURVIVOR INC

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

N08000004936

(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:

ne new name must be distinguishable and observation "Corp." or "Inc." <u>"Company"</u>			corporated" or the
Enter new principal office address, if aprincipal office address MUST BE A STREE			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		508 Maydell Drive	
muning municipal manifest of the control of the con	ica zon,	Tampa Florida 33	619
			nter the name of the
If amending the registered agent and/or new registered agent and/or the new reg			nter the name of the
new registered agent and/or the new reg	istered office ad		nter the name of the
new registered agent and/or the new reg	istered office ad	dress: ida street address)	 , Florida
new registered agent and/or the new reg Name of New Registered Agent New Registered Office Address: ew Registered Agent's Signature, if change	istered office ad	dress: ida street address) (City) Agent:	, Florida (Zip Code)
Name of New Registered Agent:	istered office ad	dress: ida street address) (City) Agent:	, Florida (Zip Code)

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) Title Name Address Type of Action ☐ Add ☐ Remove T Remove Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) amendment of article III Purpose: please revise statement to say: This organization is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code

The date of each amendment(s) a	doption: 7/20/09			
	(date of adoption is required)			
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/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)			
There are no members or membadopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.			
, Dated_7/20/09				
Signature	yn Davias CED			
have not	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator — if in the hands of a receiver, trustee, our appointed fiduciary by that fiduciary)			
	Iselyn Dallas			
	(Typed or printed name of person signing)			
_	CEO			
_	(Title of person signing)			

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