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SECRETARY OF STATE
FALLAHASSEE, FLORE

Ameno C.COULLIETTE

MAR 2 7 2009

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CHAN	We To have	1		
NAME OF CORPORATION:HHN	GE THROUGH	GIVING, ING		
DOCUMENT NUMBER: NO80	00005692			
The enclosed Articles of Amendment and fee a	are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Mame	N DRA (1)145 of Contact Person)	oN_		
	irm/ Company)	VINGINC.		
405	S. BUCKSKIN	1 WAY		
Winter	State and Zip Code)			
For further information concerning this matter,	, please call: a			
(Name of Contact Person)	at ( 401) 695 (Area Code & Daytime	5 - 2/3 <u>7</u> Telephone Number)		
Enclosed is a check for the following amount r	nade payable to the Florida Dep	partment of State:		
\$35 Filing Fee \$\times \$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)		
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 Ci	Amendment Section Division of Corporations		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	of				
CHANGE	THRO	VGH	CIVIN	19, I.	NC.
(Name of Corporation as curre	ntly filed with t	<u>he Élorida Dept.</u>		<del>-</del> /	
N 0 8 00 i	000569	22			
(Document Num				******	
Pursuant to the provisions of section 617.1006, I the following amendment(s) to its Articles of Inc		this <i>Florida Not</i>	For Profit Co	orporation ado	pts
A. <u>If amending name, enter the new name of</u>	the corporation	<u>1;</u>			
The new name must be distinguishable and co abbreviation "Corp." or "Inc." "Company" or	ntain the word "Co." may not	be used in the no	ıme.		
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET	icable:	405 WINTE	5.B	) <u>JCKS</u> K,	'N WA
(Frincipui ojjice adaress <u>MOSI BE A SIREE</u>	(ADDRESS)	WINTE	ER SPR	<u>eING</u> 5, 3c	FL.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		P.O. WINT	BOX	3109 RK, FL	3219
D. If amending the registered agent and/or renew registered agent and/or the new regis			da, enter the	⊼ <sub>S</sub>	
Name of New Registered Agent:			<u>-</u>	09 MAR 2 ECRETA LLAHAS	C
New Registered Office Address:	(Florida street address)		RY OF		
-		(City)	, Fior	ida ip ( ode) 0	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered position.				2>	the
Si	ignature of New	Registered Agent	, if changing	_	

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) Title **Type of Action** ☐ Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Add! 484 N. LAKE PLEASANT ROAD CHANDRA GREEN-YOUNG <u>Rem</u>ove APOPKA, FL 32712

The date of each amendment(s) adoption:		
Effective date if applicable:	3-11-09	
	(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	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of dis	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated Signature	3-17-09 Chardre Dieson	
(By	the chairman or vice chairman of the board, president or other officer-if directors	
	e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
	CHANDRA WILSON	
	(Typed or printed name of person signing)	
	Treas.	
	(Title of person signing)	

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