

NO80000007308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

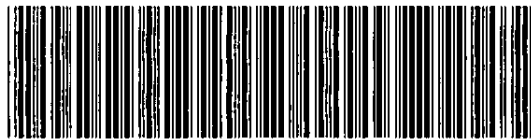
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Amend

04/10/09--01024--006 **43.75

FILED

2009 APR 10 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASR
4/14/09

Winters & King, Inc.

Thomas J. Winters
Michael J. King
M. Jean Holmes
Karen L. King
Jerry L. Gunter
Ronald M. Fraley
S. Greg Pittman
Wesley R. Carter

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2448 East 81st Street - Suite 5900
Tulsa, Oklahoma 74137-4259

Telephone
(918) 494-6868
Fax
(918) 491-6297

April 6, 2009

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Articles of Amendment

Dear Sir or Madam:

Enclosed you will find duplicate original copies of the Articles of Amendment to Articles of Incorporation for HELPING HANDS ASSISTANCE PROGRAM, INC. Also enclosed is a check for \$43.75 for the filing fee.

Please review the Articles of Amendment and if they meet with your approval, file the same and return a copy to my office, conformed as of the date of filing.

If you have any questions, please do not hesitate to contact me or my secretary, Libby Banks.

Sincerely,



Thomas J. Winters

TJW/lab
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HELPING HANDS ASSISTANCE PROGRAM, INC.

DOCUMENT NUMBER: N08000007308

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LIBBY BANKS

(Name of Contact Person)

WINTERS & KING, INC.

(Firm/ Company)

2448 E 81ST ST

(Address)

TULSA, OK 74137-4259

(City/ State and Zip Code)

For further information concerning this matter, please call:

LIBBY BANKS

(Name of Contact Person)

at (918) 494-6868

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

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 Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
2009 APR 10 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HELPING HANDS ASSISTANCE PROGRAM, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N08000007308

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

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

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

PLEASE AMEND ARTICLE III TO READ:

This nonprofit corporation is organized and operated exclusively for charitable and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

[illegible]

The date of each amendment(s) adoption: April 1, 2009

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

4-1-2009

Signature



(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, or other court appointed fiduciary by that fiduciary)

Timothy Motlow

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)