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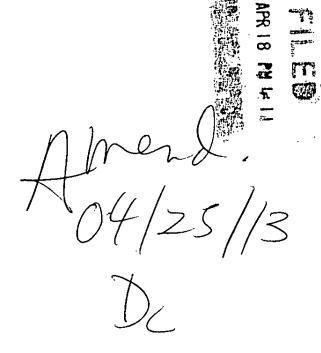
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Florida Ar	ngels Inc	•	
DOCUMENT NUMBER: NO800007	541		.,
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Kevin Thigpen			
	(Name of Contact l	Person)	
Florida Angels Inc.			
	(Firm/ Compar	ny)	
10613 Rochester Way			
	(Address)		"
Tampa, Florida 33626			
	(City/ State and Zip	p Code)	
kthigpen@actsoft	.com		
E-mail address: (to be used	for future annual re	eport no	tification)
For further information concerning this matter, please	call:		
Kevin Thigpen	" 813	3 .	781-2438
(Name of Contact Person)			& Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida	Departi	ment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		S52.50 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	A D C	Division Clifton B	ent Section of Corporations

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

Florida Angels Inc.

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

N08000007541

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	nates, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor Not Applicable	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	Not Applicable
(2	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Not Applicable
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	
Name of New Registered Agent: Not Application	
New Registered Office Address:	(Florida street address)
	, Florida
(Cid	ty) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		Not Applicable	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	•		
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Florida Angels Inc. is organized exclusively for charitable, religious, educational, and
scientific 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 corresponding section of any future federal tax code.

The date of each amendment(s)	April 17, 2013	
Effective date if applicable:	pril 17, 2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) aval.	
There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.	
Dated April Signature	17, 2013 en M. Shel	
(By the ch	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	_
Kevin T	higpen	
	(Typed or printed name of person signing)	
Preside	nt	
•	(Title of person signing)	