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(Requestor's Name)	-
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. (Business Entity Name)	_
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Creative Reso	urces Works, Inc.			
DOCUMENT NUM	BER: <u>N08000009692</u>				
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.			
Please return all corre	espondence concerning this matt	ter to the following:			
		la Hardaway			
	(Name of	Contact Person)			
	Creative Res	ources Works, Inc.	·		
<del></del>	(Firm	/ Company)			
	Post Office Box 51006				
	(Address)				
	Fort My	vers, FL 3305			
<del></del>	<del></del>	te and Zip Code)	<del></del>		
	pdh24	6@aol.com d for future annual report no	tification		
For further information	on concerning this matter, please	-	uncation)		
Priscilla Hardawa	ıy	at ( 815 ) 549-	1436		
(Name	of Contact Person)		aytime Telephone Number)		
Enclosed is a check f	or the following amount made p	ayable to the Florida Depart	ment 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 Corporation Clifton Building 2661 Executive C Tallahassee, FL 3	orations enter Circle		

## Articles of Amendment to Articles of Incorporation

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TALLAHASSE	2 AMII: 07 Y OF STATE E. FLORIDA

Creative Resources Works, Inc.

[Name of Corporation as currently filed with the Florida Dept. of State]

N08000009692

N08000009692
(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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

(Florida street address)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
D	Erma J Boyd-Dorsey	2966 Dr. M. L. King Blvd Ft. Myers, FL 33916	☑ Add □ Remove
<u></u>			
(attach ad	ing or adding additional Articles, entiditional sheets, if necessary). (Be spe		
	) This organization is organized e	exclusively for charitable, rel	igious, educational
	ific purposes under section 501 (		
correspon	ding section of any future federal	tax code.	
(Delete:)	The corporation is organized excl	usively for charitable and ed	ucational
purposess	, and not for profit, including		
<u> </u>			
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