## N09000000609

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13 JUN -4 PM 2: 36

JUN - 5 2013

T. BROWN

## COVER LETTER 4

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: R.A.C.E. HELPS IN MENTAL HEALTH, INC.				
DOCUMENT NUMBER: N09000000609				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Graham F. Watts, Sr.				
(Name of Contact Person)				
RACE HELPS IN MENTAL HEALTH INC				
(Firm/ Company)				
3074 Bent Bow Lane				
(Address)				
Middleburg, FL 32068-8250				
(City/ State and Zip Code)				
grahamfwatts@yahoo.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Graham F. Watts, Sr. 904 644-7082  (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2013

GRAHAM F WATTS SR RACE HELPS IN MENTAL HEALTH INC 3074 BENT BOW LANE MIDDLEBURG, FL 32068-8250

SUBJECT: R.A.C.E. HELPS IN MENTAL HEALTH, INC.

Ref. Number: N09000000609

We have received your document for R.A.C.E. HELPS IN MENTAL HEALTH, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 913A00013023

Teresa Brown Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation

DIVISION OF CORPORATIONS
13 JUN -4 PM 2:36
* *** 2:36

R.A.C.E. HELPS IN MEN			PM
(Name of Corporation as currently	y filed with the Flo	rida Dept. of State)	
109000000609			
(Document	Number of Corpor	ation (if known)	
rsuant to the provisions of section 617.1 sendment(s) to its Articles of Incorporation		es, this <i>Florida Not For Profi</i>	t Corporation adopts the following
If amending name, enter the new na	me of the corporat	ion:	
ACE HELPS IN MENTA	L HEALTH	INC	The new
me must be distinguishable and contain		tion" or "incorporated" or th	e abbreviation "Corp." or "Inc."
Company" or "Co." may not be used in	ine name.	N/A	
Enter new principal office address, i			
rincipal office address <u>MUST BE A ST</u>	KEET ADDRESS	) 	
Enter new mailing address, if applie		N/A	
(Mailing address MAY BE A POST C	FFICE BUX)		
			····
			4h
If amending the registered agent and new registered agent and/or the new	d/or registered office a	<u>ce address in Fiorida, enter</u> addr <del>e</del> ss:	tne name of the
	N/A		
Name of New Registered Agent:			
		(Florida street address)	
ew Registered Office Address:		(Prorida street address)	
	N/A		Florida N/A
	(City)	•	(Zip Code)
	(City)		(Esp com)
ew Registered Agent's Signature, if ch	, ,,		(24)

Page 1 of 4

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)

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	<u>V Mil</u>	n <u>Doe</u> ke Jones ly Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) N/A Change	N/A	N/A	N/A	
Add				
2) N/A Change	N/A	N/A	N/A	_
Add Remove 3 ) N/A Change	N/A	N/A	N/A	_
Add Remove 4) N/A Change Add	N/A	N/A	N/A	_
Remove 5) N/A Change Add	N/A	N/A	N/A	_
Remove    N/A	N/A	N/A	N/A	_
Remove				

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
N/A		
N/A		 
N/A		
N/A		
N/A		
N/A		 
N/A		

The date of each amendment(s) adoption: May 19, 2013
Effective date if applicable: May 22, 2013
(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 May 14, 2013 Signature Signature F. Wolfd F.
(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)
Graham F. Watts, Sr.
(Typed or printed name of person signing)
President
(Title of person signing)