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C.COULLIETTE

MAR 23 2009

EXAMINER



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Hayley's An	gels, Inc.	
DOCUMENT NUMBER: N09000002840		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Tracie Grantham (Name	of Contact Person)	
Hayley's Angels, Inc.	irm/ Company)	
302 Pineview	(Address)	
Monticello, Fl 32344 (City/ 5) For further information concerning this matter	State and Zip Code) , please call:	
Tracie Grantham (Name of Contact Person)	at (<u>850</u>) <u>251-794</u> (Area Code & Daytime	
Enclosed is a check for the following amount r	•	•
\$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 C	ircle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cu	ayley's Angels	i, Inc. the Florida Dept. of Stat	e)	
	N090000028 umber of Corporati	340		
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		, this <i>Florida Not For Pro</i>	ofit Corporation adopts	
A. If amending name, enter the new name	of the corporatio	<u>n:</u>	•	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			porated" or the	
B. Enter new principal office address, if a		302 Pineview		
(Principal office address <u>MUST BE A STR</u>		Monticello, Fl 32344	O9 MAR SECRE	
			R 23	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
			STA STA	
			Dia.	
D. If amending the registered agent and/o new registered agent and/or the new re			r the name of the	
Name of New Registered Agent:				
New Registered Office Address:	(Flori	da street address)		
	(2.00.7	uu 517 007 uuun 055)	. Florida	
·	,	(City)	(Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as register position.			the obligations of the	
_	Signature of New	Registered Agent, if chan	 ging	

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
<u>VP</u>	Perry Grantham	302 Pineview Monticello, FI 32344	Add Remove
Sec	Patricia Weeks	664 Spring Creek Hwy Crawfordville, Fl 32327	
(attach ad	ling or adding additional Articles, end dditional sheets, if necessary). (Be species title of the board of director Alice ay, Monticello, FL 32344, from Second	ecific) cia Cain, address	
This corpo	ording for Article III to: oration is organized for charitable ncial support for families who have arger charities with 501(c)(3) exe	re a child in the hospital. It sh	
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: 3/23/2009			
Effective date if applicable:			
	(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	ere adopted by the members and the number of votes cast for the amendment(s) proval.		
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.		
hav	the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)		
	Tracie Grantham (Typed or printed name of person signing)		
	President		
	(Title of person signing)		

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