## 04820000PO

(Requestor's Name)
(Address)
·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<b>,,</b> ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,
·

Office Use Only



800158921618

One, wi

08/03/09--01018--011 \*\*43.75

OP AIR -3 ANII: 24 09 AUG -3 ANII: 29

AJR: 8/3/09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: <u>Hayley's Ange</u>	els, Inc.	
DOCUMENT NUM	BER: N09000002840		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		ah Hamilton	
	(Name of	Contact Person)	
	(Firm	n/ Company)	· 
		raynor Ct.	<del></del>
	(.	Address)	
		dville, FL 32327 tte and Zip Code)	
For further information	info@hay E-mail address: (to be use on concerning this matter, pleas	yleysangels.org ed for future annual report notific	eation)
Sarah Hamilton		at ( 850 ) 688-43	71
	of Contact Person)		me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	nt 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 Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	er Circle

## Articles of Amendment to Articles of Incorporation of

09 AUG -3 AH 11: 29

Hayle	y's Angels, Ind	c. SECT	LETARY OF STATE
(Name of Corporation as cur	rently filed with th	e Florida Dept. o	State
NOS	9000002840		· .
(Document Nu	mber of Corporation	n (if known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		his <i>Florida Not Fo</i>	or Profit Corporation adopts
A. If amending name, enter the new name	of the corporation	<u>.</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE.			<del>.</del>
C. Enter new mailing address, if applicabl (Mailing address MAY BE A POST OFF			
	-		
D. If amending the registered agent and/or new registered agent and/or the new reg			enter the name of the
Name of New Registered Agent:	Sarah Hamilton		
	43 7	raynor Ct.	
New Registered Office Address: (Florida street address)			
	Cra	wfordville	, Florida 32327
	•	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.			eccept the obligations of the
•	Signature of New I	L Hamil Registered Agent it	ton

## 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>	Type of Action
<u>P</u>	Tracie E. Grantham	302 Pineview	□ Add
		Monticello, FL 32344	☑ Remove
P	Sarah E. Hamilton	43 Traynor Ct.	☑ Add
		Crawfordville, FL32327	☐ Remove
Sec	Stephenie D. Lawhon	4578 Yellow Bird Trail	
	•	Tallahassee, FL 32310	☐ Remove
(attach add	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specifically additional addition	(c)	a Consolution
	tittle of the board of director Patric		ig Creek Hwy.,
Crawfordvill	e, FL 32327, from Secretary to Bo	ard Member.	
Change the	wording for Article III to:		
Hayley's An	gels, Inc. is organized exclusively	for charitable purposes. The	purpose of this
corporation	is to reduce the burden on families	s who have a child(ren) with a	a critical
illness or inj	ury by providing financial and emo	tional support.	
			· · · · · · · · · · · · · · · · · · ·
	,		

• • • •	-1
The date of each amendme	
Dec 4' 1 4 'e - 3' - 11.	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/wwas/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) approval.
There are no members of adopted by the board of o	r members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.
Dated	8/3/09
Signature	Sarah Hamilton
ĥa	by the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Sarah Hamilton
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3