## 10900006631

| (Re                     | questor's Name)     | ***         |
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| Special Instructions to | Filing Officer:     |             |
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09 AUG -6 PH 1: 10 SECRETARY OF STATE TALLAHASSEE, FLORID.

On the station

#### COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: Abel's Commu  | ınity Ser     | vices                                 | Inc.  | ······································  |
|--|---|---------------|---------------------------------------|---|---|
| DOCUMENT NUM   | BER: N09000006631   | ,             |                                       |   |   |
| The enclosed Articles  | s of Amendment and fee are sub  | mitted for t  | filing.                               |   |   |
| Please return all corre  | espondence concerning this matt   | ter to the fo | llowing                               | <b>;:</b>   |   |
|  |   | i Kenned      |                                       |   |   |
|  | (Name of  | Contact Pe    | rson)                                 |   |   |
|  | Abel's Comm   | nunity Ser    | vices                                 | Inc.  |   |
|  | (Firm   | / Company     | )                                     |   | · · · · · · · · · · · · · · · · · · ·   |
|  | 1902 Stanfi   | ield Drive    | Suite                                 | 3   |   |
|  | (A  | Address)      |                                       |   | <del></del>   |
|  | Brando  | on, FL 335    | 511                                   |   |   |
| <del></del>  |   | te and Zip (  |                                       | · · · · · · · · · · · · · · · · · · ·   | <del></del>   |
| For further information  | abels_community_s E-mail address: (to be used on concerning this matter, please | d for future  |                                       |   |   |
| Femi Kennedy   |   | - • •         | 813                                   | ) 562-73  | 352   |
|  | of Contact Person)  |               |                                       | /   | time Telephone Number)  |
| Enclosed is a check f  | or the following amount made p  | ayable to th  | ne Floric                             | da Departme   | ent of State:   |
| □\$35 Filing Fee   | ☐ \$43.75 Filing Fee & Certificate of Status                                    | Certifie      | ed Copy<br>onal co<br>ed)             | py is   | ☑ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   |               | Amend<br>Divisio<br>Clifton<br>2661 E | Address<br>Iment Section<br>on of Corpora<br>Building<br>executive Centerse, FL 323 | itions<br>iter Circle   |

#### Articles of Amendment to Articles of Incorporation of

# Abel's Community Services Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N0900006631 (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 c | orporation: |
|----|-------------|-------|-------|---------|---------|-------|-------------|
|    |             |       |       |         |         |       |             |

| B. <u>Enter new principal office address, if appli</u><br>(Principal office address <u>MUST BE A STREET</u>                 |                                 | SECRE ARY O           | 00 #15 -A P |
|---|---------------------------------|-----------------------|-------------|
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC   | <u>E BOX</u> )                  | FLORIDA               | ř (         |
| D. If amending the registered agent and/or renew registered agent and/or the new registered Agent:                          |                                 | enter the name of the |             |
|   |                                 | <del></del>           |             |
| New Registered Office Address:  | (Florida street address)        |                       |             |
| New Registered Office Address:  | (Florida street address) (City) | , Florida(Zip Code)   |             |
| New Registered Office Address:  New Registered Agent's Signature, if changing I hereby accept the appointment as registered | (City) g Registered Agent:      | (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>                                 | Name  | Address                                   | Type of Action    |
|--|---|---|-------------------|
| CEO  | Femi Kennedy  | 1902 Stanfield Drive<br>Brandon, FL 33511 | ☑ Add<br>□ Remove |
|  |   |   | ☐ Add<br>☐ Remove |
| della di | <del></del>   |   | ☐ Add<br>☐ Remove |
|  | or adding additional Articles, enter clional sheets, if necessary). (Be specificational lili) |   |                   |
| To strengthe                                 | n community assets and address  | the causes of social problem              | s through social  |
| responsibility                               | , positive community involvement,   | and thoughtful action by pro              | omoting           |
| educational,                                 | intellectual, spiritual, social, cultura  | al, and economic growth. Ou               | r programs will   |
| strive to relie                              | ve the poor, distressed, and under  | privileged while at the same              | time lessen       |
| neighborhood                                 | d tensions, combat community det  | erioration, and combat juver              | nile delinquency. |
| ACS Inc, will                                | be an advocate for the needs of c   | hildren and families through              | program           |
| development                                  | , and empowering activities that in   | nprove the lives of the individ           | luals throughout  |
| our communi                                  | ties.   |   |                   |
| Add Article IX                               | <:  |   |                   |
| Upon the dis                                 | solution of this organization, asset  | s shall be distributed for one            | or more exempt    |
| purposes wit                                 | hin the meaning of section 501(c)(  | 3) of the Internal Revenue C              | ode, or           |
| correspondin                                 | g section of any future federal tax   | code, or shall be distributed             | to the federal    |
| government,                                  | or to a state or local government,  | for a public purpose.                     | <del></del>       |

| The date of each amendmen                           | t(s) adoption: 🗥  | 8/02/2009   |
|---|-------------------|---|
| •<br>Effective date <u>if applicable</u> :          | 08/02/2009        | (date of adoption is required)  |
|   | (no moi           | re than 90 days after amendment file date)  |
| Adoption of Amendment(s)                            | ( <u>C</u> H      | IECK ONE)   |
| The amendment(s) was/we was/were sufficient for app |                   | e members and the number of votes cast for the amendment(s)   |
| There are no members or adopted by the board of di  |                   | to vote on the amendment(s). The amendment(s) was/were  |
| Dated_08/0  | 2/2009            |   |
| Signature   | 1                 | mik-R   |
| hav   | e not been select | vice chairman of the board, president or other officer-if directors red, by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary) |
|   |                   | Femi Kennedy  |
|   | (Ту               | ped or printed name of person signing)  |
|   |                   | Chief Executive Officer   |
|   |                   | (Title of person signing)   |

Page 3 of 3