N0900006997

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Christmas	s Come True In	C.,
DOCUMENT NUMBER: NO90	000006997	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Nadine Kin	f Contact Person)	
Christmas Co	me True, Inc n/ Company)	
603 Ocean	Marina Drive Address)	<u></u>
Flagler Boh	F1 32136 ate and Zip Code)	
Christmascom E-mail address: (to be use	e true 8 y 100 ed for future annual report notification	<u>com</u>
For further information concerning this matter, pleas	e call:	
Mame of Contact Person)	at (<u>386</u>) <u>439-73</u> (Area Code & Daytime	Cell # 603:7991579 318 Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Department o	f 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	Street Address Amendment Section Division of Corporations Clifton Building	,

2661 Executive Center Circle

Tallahassee, FL 32301



February 3, 2010

NADINE A. KING 603 OCEAN MARINA DRIVE FLAGLER BCH, FL 32136

SUBJECT: CHRISTMAS COME TRUE, INC.

Ref. Number: N09000006997

We have received your document for CHRISTMAS COME TRUE, INC. and your check(s) totaling \$43.75. 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.

The current name of the entity is as referenced above. Please correct your document accordingly.

If there are <u>MEMBERS ENTITLED TO VOTE</u> on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are <u>NO MEMBERS OR MEMBERS ENTITLED TO VOTE</u> on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 510A00002749

Articles of Amendment

to

Articles of Incorporation

of

Λ. Λ 			
Unistmas Come Tue	Inc.		
(Name of Corporation as currently filed with	the Florida Dept. of State))	
N 09 00000 6997	,		
(Document Number of Corporat	ion (if known)	<u>—</u> —	
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Prof</i>	It Corporation add	opts
A. If amending name, enter the new name of the corporation	<u>on:</u>		
N/A			
The new name must be distinguishable and contain the word		orated" or the	
abbreviation "Corp." or "Inc." "Company" or "Co." may not	t be used in the name.	-	
B. Enter new principal office address, if applicable:	NA		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	'		
			1 (7)
			Ţ.
C. Enton now mailing address if applicable.	1		©
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	<u> </u>	ı
		<u> </u>	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-		the name of the	
new registered agent and/or the new registered office ad-	uress.		
Name of New Registered Agent:			
ŀ			
New Registered Office Address: (Flori	ida street address)		
· · · · · · · · · · · · · · · · · · ·	·		
	(City)	Florida (Zip Code)	
	(Cny)	(Zip Couc)	
New Registered Agent's Signature, if changing Registered A			
I hereby accept the appointment as registered agent. I am position.	familiar with and accept t	the obligations of	the
posinon.			
<u> N H</u>	Registered Agent, if chang	 	
Signature of New	Registered Agent, if chang	ing	

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 ☐ Add \square Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

CHRISTMAS COME TRUE 27-0668643

Additional Information Requested:

1. Please read the Penalties of Perjury statement on page 1 above. Then, please sign and date below, indicating you agree to the Declaration.

Madine a King February 1, 2010

Name

- 2. In order to meet the organizational test for exemption under section 501(c)(3), your organizational document, Articles of Incoporation, must be amended to include the following provisions:
 - a. Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
 - b. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding 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. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

PLEASE SUBMIT A COMPLETE COPY OF THIS AMENDMENT. SINCE YOU ARE INCORPORATED IN THE STATE OF FLORIDA, THE COPY YOU SUBMIT TO US MUST SHOW THAT IT HAS BEEN PROPERLY FILED AND APPROVED BY YOUR APPROPRIATE STATE AGENCY. WE CANNOT ACCEPT A COPY STAMPED "RECEIVED".

***** Important Response Submission Information *****

 Please do not fax and mail your response. Faxing and mailing your response will result in unnecessary delays in processing your application. Each

The date of each amendment(s) adoption:
(date of adoption is required)
Effective date if applicable:
(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 Florwary 6, 2010 Signature Madine Kina
(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)
(Typed or printed name of person signing)
Chairman President (Title of berson signing)