

, (Re	equestor's Name))
t		
(Δ.	ddress)	
(70	idless)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	ne #)
(-,·	,
PICK-UP	WAIT	MAIL
(B)	ısiness Entity Na	me)
(5)	15moss Entity Na	inc)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
	_	
Special instructions to	Filing Officer:	•
		į
		ļ

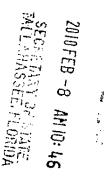
Office Use Only

2910



000168075390

02/08/10--01042--021 **43.75



And Salar

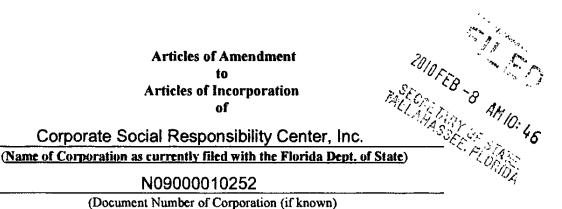
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Corporate Social Responsibility Center, Inc.				
DOCUMENT NUM	BER: N09000010252			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
- 		a B. Hogan		
	(Name o	f Contact Person)		
	(Firm	n/ Company)	<u> </u>	
	···	shore Drive, Suite 1656		
	(Address)		
	··	Florida 33132 nte and Zip Code)	·····	
		• ,		
		ansolutions.com ed for future annual report notific	cation)	
For further information	on concerning this matter, pleas	se call:		
Lisa B. Hogan		at (305) 377-32°	19	
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)	
Enclosed is a check for	or the following amount made	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)		
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 massee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente	ons	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**



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:

he new name must be distinguishable and co obreviation "Corp." or "Inc." <u>"Company" or</u>		
Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE)	<u></u>	
		
		enter the name of th
. If amending the registered agent and/or renew registered agent and/or the new registered Agent:		enter the name of th
•		enter the name of th
new registered agent and/or the new registered Agent:	tered office address;	enter the name of the

Signature of New Registered Agent, if changing

removed a		tors, enter the title and name of each off of each Officer and/or Director being a	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
			LI Remove
			Remove
(attach a	additional sheets, if necessary	articles, enter change(s) here:). (Be specific) rganized exclusively for charitable, i	religious, educationa
		, for such purposes, the making of	
		t organizations under section 501(c	
		sections of any future federal tax o	
Article X	- Upon the dissolution	of the organization, assets shall be	distributed for one or
		meaning of section 501(c)(3) of the	.
		f any future federal tax code, or sha	······································
		olic purpose. Any such assets not o	
disposed	of by the Court of Comm	non Pleas of the country in which the	ne principal office of
the organ	nization is then located, e	exclusively for such purposes or to	such organization
or organi	zations, as said Court sh	all determine, which are organized	and operated
exclusive	ly for such purposes.		

The date of each amendment(s) adoption: January 26, 2010	
(date of adoption is required) Effective date if applicable: January 26, 2010	
(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.	
Signature (By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary)	
Lisa B. Hogan (Typed or printed name of person signing)	
President (Title of person signing)	

Page 3 of 3