| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY DE STATE OIVISION OF CORPORATIONS

EFFECTIVE DATE
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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Santified | Mother's Ag | jainst Crime, NC |
|--|--|--|
| DOCUMENT NUMBER: N1000000 | 202 | |
| The enclosed Articles of Amendment and fee are subn | nitted for filing. | |
| Please return all correspondence concerning this matte | r to the following: | |
| Elnora B. Gardner | | |
| | (Name of Contact Persor | n) |
| A Mother's Heart, Inc | | |
| | (Firm/ Company) | |
| 2242 Bristol Spring Ct | | |
| | (Address) | |
| Jacksonville, Fl 32246-7 | 170 | |
| 1 | (City/ State and Zip Code | () |
| gardner2242@co | mcast.net | |
| E-mail address: (to be used | for future annual report r | notification) |
| For further information concerning this matter, please | call: | |
| Elnora B. Gardner | _{at} 904 | 997-9511 |
| (Name of Contact Person) | (Area Co | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made pay | yable to the Florida Depa | rtment 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 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 |

Articles of Amendment Articles of Incorporation

| | EFFECTIVE | E DATE |
|-------------|------------------|--------|
| man 1, 2012 | mara | 2010 |

| | | or (// \/(/ | | <u> </u> |
|---|-----------------------|--|----------------------|-------------|
| Sanctified Mother's Again | inst Crime 📋 | NC. | U | |
| (Name of Corporation as current | ly filed with the Flo | orida Dept. of State) | | |
| N1000000202 | | | | |
| (Documen | t Number of Corpor | ration (if known) | | |
| Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporate | | es, this Florida Not For Profit Corporation | adopts the following | |
| A. If amending name, enter the new na | me of the corporat | ion: | | |
| A Mother's Heart, Inc. | | | The new | |
| name must be distinguishable and contair "Company" or "Co." may not be used in | | tion" or "incorporated" or the abbreviation | "Corp." or "Inc." | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 2242 Bristol Spring Ct | | |
| | | Jacksonville Fl | | |
| | | 32246-7170 | | |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST (| | P.O. Box 351932 | | |
| | | Jacksonville Fl | | |
| | | 32235 | muž. | |
| D. If amending the registered agent an new registered agent and/or the new | | ce address in Florida, enter the name of the | 12 APR 11 | 1 2 2 |
| Name of New Registered Agent: | N/A | | | 27 |
| | N/A | | PH | 2 |
| New Registered Office Address: | | (Florida street address) | 9. | TOT: |
| | N/A | , Florida N/A | - 3 | ž. |
| | (City) | (Zip Code) | | |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> | John Doe | |
|-------------------------------|-----------|-------------------|--|
| X Remove | Y | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | ADV | Patsy Dixon | 826 Lord Nelson Blvd Jacksonville, Fi |
| X Remove | | | 32218 |
| 2) Change | CHAP | Stanley Dixon | 826 Lord Nelson Blvd |
| Add X Remove | | | Jacksonville, FI 32218 |
| 3) Change | TREA | Debra Sellers | 4415 Marsh Hawk Drive South |
| Add X Remove | | | Jacksonville, FI 32218 |
| 4) X Change | PD | Elnora B. Gardner | 2242 Bristol Spring Court |
| Add Remove | | | Jacksonville, Fl 32246 |
| S) Change | | | |
| 5) Change Add Remove | | | |
| <u></u> | | | |
| 6) Change Add | | | |
| Remove | | | |

| E. If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) |
|---|---------------|
| N/A | |
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| The date of each amendment(s) adoption: April 7, 2012 | |
|--|---|
| Effective date if applicable: May 1, 2012 | |
| (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 April 7, 2012 | |
| Signature Elnoca B. Gardner | |
| (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) | |
| Elnora B. Gardner | |
| (Typed or printed name of person signing) | |
| President/Director | |
| (Title of person signing) | |