### Florida Department of State

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: CSH SERVICES, LLC

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# COR AMND/RESTATE/CORRECT OR O/D RESIGN AFRICA HOMELESS CORPORATION

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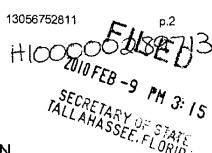
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2/9/10

## **Articles of Amendment** Articles of Incorporation



### AFRICA HOMELESS CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

#### N10000000412

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

The new name must be distinguishable and co	ontain the word	"corporation" or "in	corporated" or the
bbreviation "Corp." or "Inc." <u>"Company" o</u>			
3. Enter new principal office address, if app		1043 26TH ST	
Principal office address <u>MUST BE A STREE</u>		ORLANDO FL 32805	
C. Enter new mailing address, if applicable	<u>.</u>		
(Mailing address MAY BE A POST OFFI		1043 26TH ST	•
(Mutting uttiress MAI BEAFOST OFTE	CE BUX)		<del></del>
		ORLANDO FL 32	
	egistered office	ORLANDO FL 32	
). If amending the registered agent and/or t new registered agent and/or the new regi	egistered office stered office add	ORLANDO FL 32	
o. If amending the registered agent and/or to new registered agent and/or the new region of New Registered Agent.	egistered office stered office add	orlando fl. 32  address in Florida, edress:	nter the name of the
. If amending the registered agent and/or to new registered agent and/or the new region with the new region of New Registered Agent.	egistered office stered office add	ORLANDO FL 32  address in Florida, e	nter the name of the

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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
<u>P</u>	JOSEPH MOYO	50 Mosiotunya Rd. Livingstone Southern Province. Zambia	☐ Add ☑ Remove
<u>P</u>	JANE GRAHAM	2019 CAPRI LN MOUNT DORA FL 32757	☑ Add
<u>VP</u>	PETER GRAHAM	2019 CAPRILN MOUNT DORA FL 32757	☑ Add ☐ Remove
E. If amendin (attach addi	g or adding additional Articles, enter of the specific on all sheets, if necessary). (Be specificated by the specific of the s	change(s) here: 3c)	

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Effective date <u>if applicable</u> :	(date of adoption is required)
inective date it applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) i.
There are no members or mem adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated_2/9/2010	Same
(By the have no	chairman or vice chairman of the board, president or other officer-if directo t been selected, by an incorporator – if in the hands of a receiver, trustee, ourt appointed fiduciary by that fiduciary)
, <del>-</del> -	TANE CRAHAM (Typed or printed name of person signing)
	Paran