N10000003693

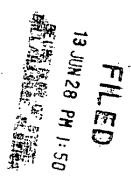
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C. LEWIS

JUL 3 2013

EXAMINER

,COVER LETTER

TO: Amendment Section Division of Corporations Swings for Survivors, Inc. N10000003693 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Donna Ameller (Name of Contact Person) Swings for Survivors, Inc. (Firm/ Company) 717 NW 70th Way (Address) Margate, FL 33063 (City/ State and Zip Code) dameller@jmgrealty.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donna Ameller (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is Enclosed)

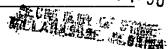
Articles of Amendment to Articles of Incorporation of

FILED
13 JUN 28 PM 1:50

Swings for Survivors, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N1000003693

(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 Incorporat	ion:			
A. If amending name, enter the new na	me of the corporation	on:		
				The ne
name must be distinguishable and contain "Company" or "Co." may not be used in		on" or "incorpor	ated" or the abbreviation "Corp	
B. Enter new principal office address, i				
(Principal office address <u>MUST BE A ST</u>	<u>(REET ADDRESS</u>			
		·	 	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C				
(Mutting address MAT BE A POST C	FFICE BOX			
D. If amending the registered agent and			da, enter the name of the	
new registered agent and/or the new	registered office ad	<u>ldress:</u>		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	(Florida street address)	
The register of the read ess.				
	(City)		, Florida (Zip Code)	
			(2.1)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			ept the obligations of the positi	on.
, , , , ,			. 6 ,	
Sign	nature of New Registe	ered Agent, if char	nging	

Page 1 of 4

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 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 X_Remove X_Add	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add Remove			
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

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

Amended to include	the	following	provisions:
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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.
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 the Court shall determine, which are organized and operated exclusively for such purposes.

The	date of each amendmen	t(s) adoption: 6/25/13	E. L.
Effe	ective date <u>if applicable</u> :	6/25/13	FIL ED 13 JUN 28 PM 1:50
		(no more than 90 days after amendment file date)	13 JUN 28 PM 1: 50
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for a	vere adopted by the members and the number of votes cast for toproval.	he amendment(s)
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendme	ent(s) was/were
	Dated	(e.27:13)	
	Signature	North Comille	
	have i	e chairman or vice chairman of the board, president or other off not been selected, by an incorporator – if in the hands of a recei court appointed fiduciary by that fiduciary)	
		DONNA M. AMELLEX	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	