## N100000006418

| (Re                                   | equestor's Name)  |             |
|---------------------------------------|-------------------|-------------|
| . (Ac                                 | ldress)           | <del></del> |
| (Ac                                   | ldress)           | <u></u>     |
| (Ci                                   | ty/State/Zip/Phon | e #)        |
| PICK-UP                               | WAIT              | MAIL .      |
| (Bu                                   | ısiness Entity Na | me)         |
| . (Do                                 | ocument Number    | )           |
| Certified Copies                      | _ Certificate     | s of Status |
| Special Instructions to               | Filing Officer:   |             |
| · · · · · · · · · · · · · · · · · · · |                   |             |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA FILED
2010 AUG-5 AHII: O4

Amena

AUG - 6 2010

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPO           | RATION: FONDA                                | Hands 2 Voice  | s, Inc.   |
|-------------------------|--|--|---|
| . DOCUMENT NUM          | BER: N 1 000 0000                            | 418  | 131 1311 1312   |
| The enclosed Articles   | of Amendment and fee are sub                 | omitted for filing.  |   |
| Please return all corre | spondence concerning this mat                | ter to the following:  |   |
|                         | Kathan'iu<br>(Name of                        | Contact Person)  | ·   |
|                         | Florida                                      | Hands & Voices   | luc.  |
|                         | 3454 (                                       | Wening Daw Wa  | <u>y</u> _  |
| <del></del>             | OYLUNG<br>(City/ Sta                         | 10, F2 32 <b>8</b> 22<br>te and Zip Code)                                    | )   |
| <u>-fl</u>              | hand address: (to be use                     | A for future annual report notificat   | ion)  |
| For further informatic  | on concerning this matter, pleas             | e call:  |   |
| Korthani<br>(Name       | DAGLULUS of Contact Person)                  | at ( <u>UD</u> <u>7</u> ) <u>XD3-7</u><br>(Area Code & Daytim                | 2499<br>e Telephone Number)   |
| Enclosed is a check for | or the following amount made p               | payable to the Florida Department  | of State:   |
| \$35 Filing Fee         | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □ \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|                         | ng Address<br>dment Section                  | Street Address Amendment Section   |   |

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

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

|   |                                    |                                       | 811   |
|---|------------------------------------|---------------------------------------|---|
| Art   | ticles of Amen                     | dment                                 | ZOIDAUG S AMII: O                                       |
|   | to                                 |                                       | 106 S   |
| Arti  | cles of Incorp                     | oration                               | ALLAGIAD AMIL.  |
| Florida Hand  | 1 & Voic                           | es. Inc.                              |   |
| (Name of Corporation as curr  | ently filed with                   | the Florida Dept. o                   | f State)  |
| N1000000  | 16418                              |                                       |   |
| (Document Nur   | mber of Corpora                    | tion (if known)                       |   |
| Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of I   |                                    | s, this <i>Florida Not F</i>          | or Profit Corporation adopts                            |
| A. If amending name, enter the new name of  | of the corporation                 | on:                                   |   |
| 77  |                                    | · · · · · · · · · · · · · · · · · · · | (i)   |
| The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" or   |                                    |                                       |   |
| <ul> <li>(Principal office address <u>MUST BE A STREE</u>)</li> <li>C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFF)</u></li> <li>D. If amending the registered agent and/or new registered agent and/or the new reg</li> </ul> | e:<br>ICE BOX)<br>registered offic |                                       | 1020754<br>FL<br>32762-8756<br>1, enter the name of the |
| Name of New Registered Agent:   |                                    |                                       |   |
| Name of New Registered Agent.   |                                    | ·                                     | <del> </del>  |
| New Registered Office Address:  | (Flor                              | ida street address)                   |   |
|   |                                    |                                       | , Florida   |
|   |                                    | (City)                                | (Zip Code)  |
| New Registered Agent's Signature, if change I hereby accept the appointment as registere position.  | ing Registered And agent. I am     | Agent:<br>familiar with and c         | accept the obligations of the                           |
| <del></del> .   | Signature of Nev                   | Registered Agent, 'i                  | f 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)

| <u>Title</u> | <u>Name</u>   | <u>Address</u>                             | Type of Action                |
|--------------|---|--|-------------------------------|
| ID           | Caroline Calvo  | 304 Nestling Cove<br>Chuluota, FL 32       | □ Add<br><b>Lolo M</b> Remove |
| Tp           | Sonia Mathew  | 15216 Windmill Har<br>Orlando, Fl<br>32828 | Add Remove                    |
|              |   |  |                               |
|              |   |  | <del></del>                   |
| (attach a    | iding or adding additional Articles, ent<br>additional sheets, if necessary). (Be spe | er enange(s) nere.                         |                               |
|              |   |  |                               |
| <del></del>  |   |  |                               |
|              |   |  |                               |
|              |   |  |                               |
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|              |   |  |                               |
|              |   |  |                               |
|              |   | 6  |                               |
|              |   |  |                               |

| The date of each amendment(s                            | (date of adoption is required)  |
|---|---|
|   | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                                | ( <u>CHECK ONE</u> )  |
| The amendment(s) was/were was/were sufficient for appro | adopted by the members and the number of votes cast for the amendment(s) val.   |
| There are no members or me adopted by the board of dire | embers entitled to vote on the amendment(s). The amendment(s) was/were etors.   |
| have  | c chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) |
|   | (Typed or printed name of person signing)   |
|   | President (Title of person signing)   |

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