(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Help Find Kids	s	
DOCUMENT NUM	BER: N10000009737		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
		l Shulman, PA	
	(Name of	Contact Person)	
· · · ·	(Firm	n/ Company)	
	Е	3ox 779	
	(,	Address)	
	·	,FL 32768 0779	
	(City/ Sta	ate and Zip Code)	
		net@centurylink.net d for future annual report notific	eation)
For further informati	on concerning this matter, pleas	e call:	
	·o.	at (407) 880 79' (Area Code & Dayti	9
(Namo	e of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check i	for the following amount made p	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)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Islansee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation of

Hei	p Find Kids		
(Name of Corporation as curr	ently filed with	the Florida Dept. of St.	ate)
N10	000009737		
(Document Num	nber of Corporat	on (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Ir		this <i>Florida Not For F</i>	Profit Corporation adopts
A. If amending name, enter the new name o	f the corporatio	<u>n:</u>	
Emerging	Growth Institu	ute,Inc	
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" of			orporated" or the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI) D. If amending the registered agent and/or a	CE BOX)	address in Florida, en	11 MAY -2 PH 12: 26 ter the name of the
new registered agent and/or the new regi			
New Registered Office Address:	(Flore	da street address)	_
		(C:L)	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered position.	d agent. I am	familiar with and acce	
S	Signature of New	Registered Agent, if che	anging

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
			
(attach		(Be specific) or resource for those seeking	
concept	ual development of or assist	in the development of emerg	ging growth concepts.
-			
			.

The date of each amendmen	(s) adoption: April 28, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/we was/were sufficient for app	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated 4/28 Signature	2011
(B)	the chairman or vice chairman of the board, an sident or other officer-if direct not been selected, by an incorporator – if in the hands of a receiver, trusted recourt appointed fiduciary by that fiduciary
	Michael Shulman, PA
	(Typed or printed name of person signing)
	Pres
	(Title of person signing)

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