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PIVISION OF CORFORATIONS

Amend 10 \$/24/11

#### **COVER LETTER**

**TO:** Amendment Section

**Mailing Address** 

P.O. Box 6327

Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

**Division of Corporations** Restoration Outreach Worldwide Inc. DOCUMENT NUMBER: NOOCO 10204 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: restaration adjeach Worldwide Inc.
(Firm/Company) N. Pine Hills Road AVAN GOUP @ anail. Com
E-mail address: Ito be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at (40.7) 952-6055 (Area Code & Daytime Telephone Number) 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 (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

### **Articles of Amendment**

to

## Articles of Incorporation of

bad Kestaration	atreach Worl	iduide Inc.
(Name of Corporation as cu	rrently filed with the Florid	a Dept. of State)
<u> </u>	Pc	
(Document N	lumber of Corporation (if known	wn)
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles o		da Not For Profit Corporation adopts
A. If amending name, enter the new name	e of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	l contain the word "corporat" or "Co." may not be used in	ion" or "incorporated" or the the name.
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)		
		DIVISE
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		ECRETARY SIGN OF C
		ORF S
		<u> </u>
D. If amending the registered agent and/o new registered agent and/or the new re		Florida, enter the name of the
Name of New Registered Agent:		· · · · · · · · ·
New Registered Office Address:	(Florida street ac	ddress)
	· · · · · · · · · · · · · · · · · · ·	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as register position.	ging Registered Agent: red agent. I am familiar wi	th and accept the obligations of the
	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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add Remove
	<del></del>		Add Remove
	<del></del>		Add Remove
(attach d Artic	additional sheets, if necess	pon the dissolution	• -
QL WE	me exempt	ets shall be distrib purposes within Y of the Internal Rev	he meaning of
Cogs Cour	esponding Stall be	ection of any futu distributed to the	re Federal tax e Federal government
Durp	ose. Any si	local government whassets not do by the court of	sposed of Shall
of 1	he organis	y in which the present some some some some some some some some	cated,
Orcyo	noitosin	or organizations exermine, which	si as said
<u>3000</u>	nized an	d operated excl	usively

The date of each amendment(s) adoption: Horil 15, 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/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)		
There are no members or memb adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were s.		
Dated_4/15	111 John M.		
(By the c have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator - if in the hands of a receiver, trustee, our appointed fiduciary by that fiduciary)		
	(Typed or printed name of person signing)		
	President (Title of person signing)		