NIID00000485

(Re	equestor's Name)	
(Ad	ldress)	
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(Do	ocument Number)	
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DIVISION OF CORPLETE STAN

Amend CC non 23/12

COVER LETTER

TO: Amendment Section Division of Corporations		
	ain Relief Ir	ıc.
DOCUMENT NUMBER: N1100000	485	
The enclosed Articles of Amendment and fee are sub-	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Harold Gear		
	(Name of Contact Person	1)
Project Pain Relief, Inc.		
	(Firm/ Company)	
4 Oceanside Circle		
	(Address)	
St Augustine, FL 32080		
	(City/ State and Zip Cod	e)
teresa@harringto	ncpas.com	· · · .
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Teresa Harrington	_{at (} 904	215-2256
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment 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)
Mailing Address		Address
Amendment Section Division of Corporations		ment Section in of Corporations
P.O. Box 6327	Clifton	Building
Tallahassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Project Pain Relief, Inc.			_ 4/1/10
(Name of Corporation as currently file	ed with the Florida Dept. o	f State)	_
N11000000485			
(Document Nur	mber of Corporation (if know	vn)	_
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this <i>Florid</i>	la Not For Profit Corporation adopts t	he following
A. If amending name, enter the new name o	f the corporation:		
		. III	The new
name must be distinguishable and contain the "Company" or "Co." may not be used in the t		orporated" or the abbreviation "Corp.	or "Inc."
B. Enter new principal office address, if app	nlicable:		
(Principal office address MUST BE A STREE			
	 <u>-</u>		
			_
C. Enter new mailing address, if applicable			
(Mailing address <u>MAY BE A POST OFFI</u>	(CE BOX)	· · · · · · · · · · · · · · · · · · ·	
5. 70			
D. If amending the registered agent and/or new registered agent and/or the new registered.		Florida, enter the name of the	
Name of New Registered Agent:			
name of New Registered Agent.		· · · · · · · · · · · · · · · · · · ·	
 -	(Florida street d	address)	
New Registered Office Address:			
		Florida, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changi			
I hereby accept the appointment as registered a	agent. I am familiar with a	nd accept the obligations of the position	7.
			
Cianatur	o of New Registered Agent	if chanaina	

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 Sr	ones en es	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Remove			
2) Change			
Add			
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Add			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Article IX:
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 a court of competent
jurisdiction in the county in which the principal office of the organization then located, exclusively for such
purposes or to such organization or organizations, as said Court shall determine, which are
organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: 7/17/12				
Effective of	date if applicable:			
	(no more than 90 days after amendment file date)	_		
Adoption	of Amendment(s) (CHECK ONE)			
	umendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) were sufficient for approval.			
	e are no members or members entitled to vote on the amendment(s). The amendment(s) was/were ted by the board of directors.			
	Dated 7/17/12			
	Signature			
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_		
	Harold Gear			
	(Typed or printed name of person signing)			
	Vice President			
	(Title of parcen gioning)			