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SECRETARY OF STATE DIVISION OF CORPORATIONS

Anunda

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Restoring Humanity Foundation 2-Inc
DOCUMENT NUMBER: N11000001620
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Irene Weiker
(Name of Contact Person)
Restoring Humanity Foundation
(Firm/ Company)
5200 Vineland Rd Suite 201
(Address)
Orlando Florida 32811
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Irene Weiker 235-4451
(Name of Contact Person) (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 Filin

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(Additional copy in

(Additional copy is enclosed)

□\$52.50 Filing Fee
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

Articles of Amendment to Articles of Incorporation

of

Restoring Humanity Fou	ındation 2 Ir	nc	
(Name of Corporation as current	ly filed with the Fl	orida Dept. of State)	
N11000001620		·	
(Documer	nt Number of Corpo	ration (if known)	_
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorpora		tes, this Florida Not For Profit Corporation adopts the	e following
A. If amending name, enter the new na	me of the corpora	tion:	
NA			The new
name must be distinguishable and contain "Company" or "Co." may not be used in		ntion" or "incorporated" or the abbreviation "Corp."	
B. Enter new principal office address,	if applicable:	NA	
(Principal office address <u>MUST BE A S</u>)	_
			_
			-
C. Enter new mailing address, if appli		NA	O
(Malling address MAY BE A POST (OFFICE BOX	IVA	73 200
	•		开鲸
			8 8
•			- lu g
		ce address in Florida, enter the name of the	12 FEB 17 PH 12: 08
new registered agent and/or the new	registered office a Irene Weik		75.
Name of New Registered Agent:			88
	5200 Vinela	and Rd Suite 201	- ,
New Registered Office Address:		(Florida street address)	
	Orlando	, Florida 32707	
	(City)	(Zip Code)	
New Registered Agent's Signature, if ch			
hereby accept the appointment as registe	red agent. I am fa.	miliar with and accept the obligations of the position.	
Sign	nature of New Regis	lered Agent, if changing	

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)ChangeAddRemove	CEO/S	trene L. Weiker	5200 Vineland Rd Suite 201 Orlando Fl 32811
2) Change Add Remove	CEO	David N Weiker	5200 Vineland Rd Suite 201 Ortando Fl 32811
3) X Change Add Remove	T/CFO_	Dr Charles Chekwa	5200 Vinetand Rd Suite 201 Ortando Fl 32811
4) Change Add Remove	<u>D</u>	Dame Jean Loach	5200 Vineland Rd Suite 201 Orlando Fl 32811
5) Change Add Remove	D	Richard Shassian	5200 Vinetand Rd Suite 201 Orlando Fl 32811
6) × Change — Add — Remove	P	Joel Austin	5200 Vinetand Rd Suite 201 Ortando Fl 32811

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.

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Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
<u>X</u> Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
Change X Add Remove	D		Ron Bressan	5200 Vineland Rd Suite 201 Orlando Fl 32811
2) Change × Add Remove	D		Kimbo Carusone	5200 Vineland Rd Suite 201 Orlando Fl 32811
3) Change x Add Remove	D	_	Roberto Boselli	5200 Vineland Rd Suite 201 Orlando Fl 32811
4) Change Add Remove	D	_	Dionne Tarkington	5200 Vineland Rd Suite 201 Orlando Fl 32811
5) Change	D	_	Dr David Piccolo	5200 Vineland Rd Suite 201 Orlando Fl 32811
6) Change Add Remove	D	_	Dr Joe Thomas	5200 Vineland Rd Suite 201 Orlando Fl 32811

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
A		
		 •

The date of each amendment(s) adoption: FED 3, ZUIZ				
Effective date <u>if applicable</u> :				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
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 mer adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were stors.			
Dated Feb 3	, 2012			
Signature				
(By the cha	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)			
David We	iker			
	(Typed or printed name of person signing)			
CEO				
	(Title of person signing)			