

N110000002553

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

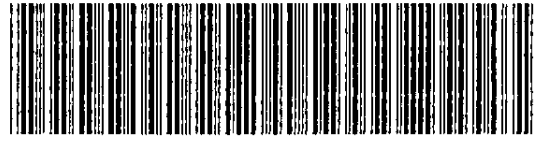
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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05/12/11--01012--009 \*\*35.00

11 MAY 31 AM 8:14  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

Amend  
@ 5/31/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Helping Hands 4 Community Inc

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jane Gavan  
(Name of Contact Person)

Helping Hands 4 Community Inc  
(Firm/ Company)

4914 Oakside DR  
(Address)

JACKSONVILLE, FL 32244  
(City/ State and Zip Code)

gavan<sup>2</sup>@gavan2011@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jane Gavan at (904) 535-6970  
(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 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**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2011

JANE GAVAN  
HELPING HANDS 4 COMMUNITY INC.  
4914 OAKSIDE DRIVE  
JACKSONVILLE, FL 32244

SUBJECT: HELPING HANDS 4 COMMUNITY INC  
Ref. Number: N11000002553

We have received your document for HELPING HANDS 4 COMMUNITY INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 011A00012445

RECEIVED  
11 MAY 31 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

Helping Hands 4 community INC  
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*See page*

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

*2*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

*N/A*

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

*N/A*

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

*N/A*

New Registered Office Address:

(Florida street address)

(City) \_\_\_\_\_, Florida \_\_\_\_\_  
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

*N/A*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

OFFICER/  
DIRECTOR

Jane Gavan

4914 OAKSIDE  
DR

☒ Add  
☐ Remove

JACKSONVILLE-32244

- ☐ Add
- ☐ Remove

- ☐ Add
- ☐ Remove

(attach additional sheets, if necessary). (Be specific)

Page 2 of 3

The date of each amendment(s) adoption: \_\_\_\_\_

5/9/11

(date of adoption is required)

Effective date if applicable: \_\_\_\_\_

5/15/11

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

**(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated \_\_\_\_\_

5/9/11

Signature \_\_\_\_\_

Jane Gavan

(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)

Jane Gavan

(Typed or printed name of person signing)

OFFICER / DIRECTOR

(Title of person signing)