## N11000004335

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations Help Me Too Foundation, Inc N1100000435 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: De. Ted Ridore (Name of Contact Person) Help me Too Foundation, Inc (Firm/ Company) PO Box 585477 (Address) Orlando, Florida, 32858 (City/ State and Zip Code) helpme@helpmetoo.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:  $\operatorname{at}(\frac{407}{(\operatorname{Area Code}}) \frac{967\text{-}8022}{\operatorname{\& Daytime Telephone Number})}$ Dr. Christine Valentine (Name of Contact Person) 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is

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

Enclosed)

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	
N1100000435	
(Document Number of Corporation (if known)	
ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the follomendment(s) to its Articles of Incorporation:	owing
If amending name, enter the new name of the corporation:	
	e new
ime must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "h C <mark>ompany" or "Co." may not be used in the name</mark> .	lnc."
Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS )	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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	م د
. If amending the registered agent and/or registered office address in Florida, enter the name of the	13 DEC 11 FH 23 DE
new registered agent and/or the new registered office address:	-
Name of New Registered Agent:	-18
	<u>学</u>
(Florida street address)	(X)
New Registered Office Address:	=
, Florida	
(City) (Zip Code)	
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered 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 X Remove X Add	<u>V</u>	Iohn Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			<u> </u>
Remove			
2) Change Add			
Remove			
Add			
4) Change	-		
Add			
5) Change			
Add			
б) Change			
Add			

(attach additional sheets, if necessary). (Be specific)					
Said organization is organized exclusively for charitable					
religious, educational and scientific purposes, including					
for such purposes the making of distributions to					
organizations that qualify as exempt organizations					
under sectin 501(c) (3), of the internal revenue code or					
corresponding section of any future federal tax code					

date this document was signed.
Effective date if applicable:
(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 December 9, 2013
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 inductary by that fiduciary)
Dr. Tardieu Ridore
(Typed or printed name of person signing)
Founder/President
(Title of person signing)

if other than the