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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Looking Beyond, Incorporated N11000007217 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joyce K. Stone (Name of Contact Person) (Firm/ Company) P.O. BOX 12732 Jacksonville, Florida 32209 (City/ State and Zip Code) lifeline@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joyce K. Stone 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) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Looking Beyond, Incorporated

(Name of Corporation as currently filed with the Florida Dept. of State)

N11000007217

(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:

| | | The n |
|---|---|--|
| name must be distinguishable and contain "Company" or "Co." may not be used i | | orporated" or the abbreviation "Corp." or "Inc |
| B. Enter new principal office address, | if applicable: | |
| (Principal office address MUST BE A S | | |
| | | |
| | | |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | | |
| (Muning numers MAT DE ATOST | OTTICE BOX | |
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| D. If amending the registered agent an | | Florida, enter the name of the |
| new registered agent and/or the ne | w registered office address: | Florida, enter the name of the |
| | w registered office address: | Florida, enter the name of the |
| new registered agent and/or the ne | w registered office address: | |
| new registered agent and/or the ne | w registered office address: | |
| new registered agent and/or the ne | w registered office address: (Florida street o | ddress), Florida |
| new registered agent and/or the ne | w registered office address: | ddress) |

Page 1 of 4

| (attach additional sheets, if necessary). (Be specific) |
|--|
| Add: Article IX. The Advisory Board will function as the Compensation Committee of three (3) |
| to make all decisions relating to compensation in an unbiased manner. The Compensation Committee |
| will be non-salaried and will not be related to salaried personnel or to parties providing services. |
| The board of Directors shall place control in the hands of unrelated individuals from the community |
| which is the Advisory Board(Compensation Committee). |
| The Advisory Board (Compensation Committee) shall serve two years. The Advisory (Compensation |
| Committee) address and names herein: |
| Karen J. Lewis 9522 Waynesboro Avenue, Jacksonville, Florida 32208 |
| Janice Davis 2131 Benedict Road, Jacksonville, Florida 32209 |
| Vanessa Rogers 7947 Blank Road, Jacksonville, Florida 32244 |
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E. If amending or adding additional Articles, enter change(s) here:

| The date of each amendme | ent(s) adoption: IVIAI CIT TO, 2013 |
|--|--|
| Effective date if applicable | March 10, 2013 |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s | (CHECK ONE) |
| The amendment(s) was was/were sufficient for | s/were adopted by the members and the number of votes cast for the amendment(s) approval. |
| There are no members adopted by the board of | or members entitled to vote on the amendment(s). The amendment(s) was/were of directors. |
| hav | the chairman or vice chairman of the board, president or other officer-if directors e not been/selected, by an incorporator – if in the hands of a receiver, trustee, or |
| | yce K. Stone |
| Pr | (Typed or printed name of person signing) esident |
| | (Title of person signing) |

Looking Beyond alno På Box 12732 Jacksonniele Th 32209

> AHN: Firmendment Section Division of Carporation P& BOX 6327 Dalla Rassee Th 32314