## 11/0000008035

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Open Eye	es Missions	, Inc.
DOCUMENT NUMBER: N11000008	035	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Sherri L. Kerr		
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Person	1)
Open Eyes Missions, Inc	<b>.</b>	
	(Firm/ Company)	
2020 Daryl Lane		
•	(Address)	•
Brooksville, FL 34604		
	(City/ State and Zip Cod	e) .
Healthykerrs@yal	hoo.com	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Sherri L. Kerr	<sub>at</sub> 352	678-4336
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Depa	urtment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Open Eyes Missions, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)
N1100008035

(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:

n/a				Th
name must be distinguishable and contain		ion" or "incorpora	ited" or the abbreviation "Corp	o." or "
<u>'Company" or "Co." may not be used in</u>	the name.			
B. Enter new principal office address,	if annlicable:	n/a		
Principal office address MUST BE A S				
1 VV			· · · · · · · · · · · · · · · · · · ·	
				—
Enter new mailing address, if appli		n/a		
(Mailing address <u>MAY BE A POST</u> (	OFFICE BOX)	11/a		
	1/ · · · · · · · · · · · · · · · · · · ·			<del></del>
			da, enter the name of the	<del></del>
. If amending the registered agent an new registered agent and/or the new	v registered office at		da, enter the name of the	<del></del>
			la, enter the name of the	<del></del>
new registered agent and/or the new	v registered office at		la, enter the name of the	<del></del>
new registered agent and/or the new	v registered office ad n/a		da, enter the name of the	
new registered agent and/or the new  Name of New Registered Agent:	v registered office ad n/a	ddress;	la, enter the name of the	
	v registered office ad n/a	ddress;		
new registered agent and/or the new  Name of New Registered Agent:	n/a	ddress;	, Florida	
new registered agent and/or the new  Name of New Registered Agent:	v registered office ad n/a	ddress;		
new registered agent and/or the new  Name of New Registered Agent:	City)	ddress; Florida street address)	, Florida (Zip Code)	

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 Do	<u>e</u>		
X Remove	<u>.V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	nith .		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change Add Remove		_	n/a	-	
2) Change Add Remove		_		_	
3 ) Change Add Remove		_	<del>-</del>	<del>-</del>	
4) Change Add Remove		-		-	
5) Change Add Remove		<b></b>		-	
6) Change Add Remove	<del> </del>	_		_	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Article VI
Upon 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.

· · The date of each amendmen	April 22, 2012
Effective date <u>if applicable</u> :	Anril 22 2012
ancente date <u>ir apparentie</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.
adopted by the board of	
<sub>Dated</sub> Ap	ril 25, 2012
Signature &h	ril 25, 2012 mi L Ken
(By th have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
Sherri	L. Kerr
	(Typed or printed name of person signing)
Secret	ary
	(Title of percen gioning)