N12000001224

(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	_{N:} Debt Crisi	s Anonymo	us, Inc.
DOCUMENT NUMBER: _	N12000001	224	
The enclosed Articles of Ame	endment and fee are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter	r to the following:	
Vera M. Holm	nes		
		(Name of Contact Persor)
Debt Crisis A	nonymous,	Inc.	
	<u> </u>	(Firm/ Company)	
10151 Deerw	ood Park B	lvd., Buildin	g 200, Suite 250
		(Address)	
Jacksonville,	FL 32256		
		(City/ State and Zip Code	2)
debtcr	isisanonym	ous@aol.co	om
E	mail address: (to be used	for future annual report i	notification)
For further information conce	erning this matter, please	call:	
Vera M. Holmes		_{at} 904	553-1718
(Name of Cor	ntact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	yable to the Florida Depa	ertment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
P.O. Box 6	nt Section Corporations	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Debt Crisis Anonymous,	Inc.			
(Name of Corporation as current)	y filed with the Flo	rida Dept. of State)		
N12000001224				
(Documen	Number of Corpora	ation (if known)		_
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat		s, this <i>Florida Not For F</i>	Profit Corporation adopts the	: following
A. <u>If amending name, enter the new na</u> N/A	me of the corporati	on;		The new
name must be distinguishable and contain		ion" or "incorporated"	or the abbreviation "Corp."	
"Company" or "Co," may not be used in	<u>the name</u> .		The state of the s	
B. Enter new principal office address, i	f applicable:	N/A	<u> </u>	<u>:</u> 7≥
(Principal office address <u>MUST BE A ST</u>			ng Tillian Tillian Tillian	Ä.
			20 (20 (10)	<u>₹</u> 22
			<u> </u>	
C. Enter new mailing address, if applied	cable:	NI/A	77	HAY 22 AH ID: 5
(Mailing address MAY BE A POST (N/A		<u>></u> 5
			×	
			*	—
		<u></u>		
D. If amending the registered agent an			ter the name of the	
new registered agent and/or the new	N/A	uuress:		
Name of New Registered Agent:				
	N/A			
New Registered Office Address:		(Florida street address)		
	N/A		. Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as registe			e obligations of the position.	
Sig	nature of New Regis	tered 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 <math>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: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change Add Remove	N/A		N/A	N/A
2) Change Add Remove				
3) Change Add Remove	**************************************	-		
4) Change Add Remove		_		
5) Change Add Remove		_		
6) Change Add Remove				

· · · · · · · · · · · · · · · · · · ·
E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific) DISSOLUTION CLAUSE:
Upon the dissolution of this 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 amendment(s) adoption: 05/04/2012
Effe	ective date if applicable: 05/16/2012
	(no more than 90 days after amendment file date)
Ada	option 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 May 15, 2012 Signature M. Homen
	(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)
	Vera M. Holmes
	(Typed or printed name of person signing)
	President

(Title of person signing)