

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
Caro			

Office Use Only



900253145109

10/28/13--01016--008 **43.75

13 OCT 28 AM II: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT 31 2013

R. WHITE

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: 4W'S Network, Inc. N12000002617 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Belinda Smith, Founder, President (Name of Contact Person) 4W'S Network, Inc. (Firm/ Company) 530 W University (Address) Gainesville FL. 32601 (City/ State and Zip Code) 4wsbms@amail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Belinda Smith (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

FILED

13 OCT 28 AM II: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4W's Network, Inc.	TALLAHASSEE, F
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
N12 000002617	
(Document Number of Co	orporation (if known)
cursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the followin
. If amending name, enter the new name of the corporati	on:
	The nev
	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
Company" or "Co," may not be used in the name.	530 W. University
 Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>) 	
, mepat oggree anareas <u>eras sur sur sur sur sur sur sur sur sur su</u>	Gainesville FL.32601
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maining united Mark Data 1 Obs Os 1 Sea Dos.)	
D. If amending the registered agent and/or registered offic	on address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent:	
Name of New Registered Agent.	
	(Florida street address)
New Registered Office Address:	(Pioriau Sireet aanvess)
1331 SE 3rd	Ave. Gainesville, Florida 32641
(City)	(Zip Code)
a D. M. (A. Character Mahamat D. M.)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am far	
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 <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: X Change X Remove X Add	$\overline{\underline{V}}$ Mik	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	Cassandra Morrison	707 SW 2nd Terrace
Add	.		Gainesville FL. 32601
X Remove			
2) X Change	S	Maxine Bethea	1331 SE 3rd Ave.
Add			Gainesville FL. 32641
Remove			
3) Change	<u>D</u>	Kayla Sutherland	3000 SW 35th PL
A Add			Apt H307
Remove		•	Gaineville FL. 32609
4) Change	V	Purette D. Mills	135 Silverstrand Trail
X Add			Huntsville Al 35806
Remove	. •		
5) Change	D	Mimi Culpepper	700 SW 62nd Blvd
X Add	-		Gainesville FL. 32607
Remove		· .	
6) Change			
Add			
Remove		•	

	<i>#</i>	
	·. · ·	
CHANGE - (President to :(P) TO (PT)	(PRESIDENT/TREASURER)	Belinda Smith
Maxine Bethea as \	lice President to secreta	ry
Remove - Cassandra Morrison	from the board	
		-
PLEASE CALL IF YOU HAVE	ANY QUESTIONS:	
Belinda Smith, 352-872-8555	,	
	,	
•		
•		<u></u> .

E. If amending or adding additional Articles, enter change(s) here:

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

The date of each amendr	· · · · · · · · · · · · · · · · · · ·	,it other than th
date this document was sig		•
Effective date if applicat	(no more than 90 days after amendment file date)	
Adoption of Amendment	t(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) w was/were sufficient for	ras/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
There are no member adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
Dated	10/26/2013	
Signature E	Belinda Smith	
(By	y the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator — if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)	
Bo	(Typed or printed name of person signing)	
Four	nder/President	
	(Title of person signing)	