# 112000007086

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: BOOKS4OL	ırChildren I	nc,		
DOCUMENT NUMBER: N12000070	086			
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
Margery Singleton				
	Name of Contact Person	n)		
Books4OurChildren Inc.				
,	(Firm/ Company)			
13162 Royal Pines Ave				
	(Address)			
Riverview, FL 33579				
	City/ State and Zip Cod	e)		
books4ourchildren@gmail.com				
E-mail address: (to be used	E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
Margery Singleton at (813 ) 689-7603				
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee  \$\bigcup \\$43.75 Filing Fee  \$\bigcup \\$43.75 Filing Fee  \$\bigcup \\$52.50 Filing Fee  \$\bigcup \\$52.50 Filing Fee  \$\bigcup \\$Certificate of Status  \$\bigcup (Additional copy is enclosed)\$  Certificate of Status  \$\bigcup (Additional Copy is Enclosed)\$				
Mailing Address		Address		
Amendment Section Division of Corporations		ment Section on of Corporations		
P.O. Box 6327	Clifton	Building		
Tallahassee, FL 32314	2661 E	xecutive Center Circle		

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation**

#### Books 4 Our Children Inc.

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

## N12000007086

(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

Books4OurChild  ame must be distinguishable an		ration" or "incorporated" or	
Company" or "Co." may not b			
Enter new principal office a	address, if applicable:	13162 Royal	Pines Ave
Principal office address <u>MUST BE A STREET ADDRESS</u>		Riverview, Florida 33579	
. Enter new mailing address	if applicable:	13162 Poval	Pines Ave
(Mailing address MAY BE A POST OFFICE BOX)		13162 Royal Pines Ave	
		Riverview, Flo	orida 33579
If amending the registered new registered agent and/o	r the new registered office		the name of the
new registered agent and/o	r the new registered office d Agent:		the name of the
new registered agent and/o	t the new registered office d Agent: 13162 R	address:	the name of the
new registered agent and/o	t the new registered office d Agent: 13162 R	oyal Pines Ave  (Florida street address)	
Name of New Registere	the new registered office d Agent: 13162 R	oyal Pines Ave (Florida street address)	the name of the  Florida 33579 (Zip Code)
new registered agent and/o	the new registered office d Agent:  13162 R  Address:  Riverview  (City	oyal Pines Ave (Florida street address)  N od Agent:	, Florida 33579 (Zip Code)

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> <u>Mike</u>	Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<del></del>		
Add			
Remove			
2) Change		<u> </u>	/
Add		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Remove			****
3) Change	<del> </del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>	/	
Add		,	
Remove			<del></del>
6) Change		- 1	
Add	/		
Remove			

ttach additional sheets, if necessary).	(Be specific)	
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	: date of each amendment(s) adopti	on:	, if other than the
late	this document was signed.		
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
٩d٥	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated $\frac{8/9/13}{\sqrt{1/3}}$	In a state of the	
	Signature		
	have not been se	or vice chairman of the board, president or other officer-if directors elected, by an incorporator — if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	Margery Si	ngleton	
	(Ту	ped or printed name of person signing)	
	Executive [	Director	
		(Title of person signing)	