N12000008785

| questor's Name) | |
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Office Use Only



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COVER LETTER

| TO: | Amendment Section |
|-----|--------------------------|
| | Division of Corporations |

| NAME OF CORPOR | ATION: We Help F | oundation Inc. | | |
|---------------------------|--|---|--|--|
| DOCUMENT NUMBI | ER: N120000087 | 85 | | |
| The enclosed Articles of | f Amendment and fee are su | bmitted for filing. | | |
| Please return all corresp | ondence concerning this ma | tter to the following: | | |
| _ | ſ | Matthew Rober | | |
| | | Name of Contact Person | 1 | |
| _ | We | e Help Foundat | ion Inc. | |
| _ | | Firm/ Company | | |
| | 79 | 960 Lakeland S | treet | |
| _ | Address | | | |
| | Jack | sonville, Florid | a 32221 | |
| _ | | City/ State and Zip Cod | | |
| | info@we | helpfoundation | n com | |
| | | sed for future annual report | | |
| e | | | | |
| For further information | concerning this matter, pleas | se call: | | |
| Matth | ew Roberts | at (_904 | , 294-6000 | |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | urtment of State: | |
| X i S35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| <u>Maili</u> | ng Address | Street | Address | |
| Amendment Section | | | Iment Section on of Corporations | |
| | ion of Corporations Box 6327 | | Building | |
| Tallal | nassee, FL 32314 | | xecutive Center Circle | |

Tallahassee, FL 32301

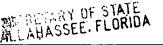
Articles of Amendment Articles of Incorporation

FILED

We Help Foundation Inc.

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

N12000008785



(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 contai "Company" or "Co." may not be use <mark>d i</mark> i | • | n" or "incorporated" | or the abbrevia | tion "Corp." or "Inc |
| B. Enter new principal office address, | if applicable: | 7960 Lakelan | d Street | |
| (Principal office address <u>MUST BE A S</u> | TREET ADDRESS) | Jacksonville, | Florida 3222 | 21 |
| C. Enter new mailing address, if appl (Mailing address MAY BE A POST | | PO Box 379 | 17 | |
| | | والنبيموماووا | Elorido 2 | 2226 |
| | - | Jacksonville | | |
| D. If amending the registered agent at new registered agent and/or the ne | | address in Florida, e | | |
| | w registered office add | address in Florida, e | | |
| new registered agent and/or the ne | w registered office add | address in Florida, e dress: | | |
| new registered agent and/or the ne | M.W. Roberts 7960 Lakeland | address in Florida, e dress: | | |
| Name of New Registered Agent: | M.W. Roberts 7960 Lakeland | address in Florida, e Iress: Street | | |
| Name of New Registered Agent: | M.W. Roberts 7960 Lakeland | address in Florida, e Iress: Street | nter the name o | of the |

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 | <u>PT</u> | John Doc | | |
| X Remove | V | Mike Jones | | |
| X Add | <u>SV</u> | Sally Smith | | |
| Type of Action (Check One) | Title | <u>Name</u> | | Address |
| 1) Change | VP | Tammy Rob | erts | 7960 Lakeland St |
| Add | | | · | Jacksonville, Fl 32221 |
| X Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | - | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 6) Change | | _ | · · · · · · · · · · · · · · · · · · · | |
| Add | | | | |
| Remove | | | | |

| If amending or adding additional Arti | /D |
|---|---------------|
| (attach additional sheets, if necessary). | (Be specific) |
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| | date of each amendment(s) ad this document was signed. | loption: | 7/01/2014 | , if other than the | 10 |
|------|--|----------------------|--|--|----|
| Effe | ective date <u>if applicable</u> : | | 1/2014 190 days after amendment file date) | The state of the s | |
| Ada | option of Amendment(s) | (<u>CHECK O</u> | <u>NE</u>) | | |
| | The amendment(s) was/were ac was/were sufficient for approva | • | ers and the number of votes east for the | amendment(s) | |
| X | There are no members or members adopted by the board of director | | on the amendment(s). The amendment | (s) was/were | |
| | Dated 7/15/ | /2014 | | | |
| | Signature | WH M | | | |
| | have not be | | in of the board, president or other officeorporator – if in the hands of a receive by that fiduciary) | | |
| | | Matthey | w Roberts | | |
| | | (Typed or printed na | ame of person signing) | | |
| | | Pre | sident | | |
| | | (Title of | person signing) | | |