N12000010991

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C. LENGES 2014

EXAMINITARER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	f the Ribbon Ja	ckson County Chapter				
DOCUMENT NUMBER: N12000010991						
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are subr	-					
Please return all correspondence concerning this matter	er to the following:					
Philip Meadows						
	(Name of Contact Person	n)				
	(Firm/ Company)					
3559 Veteran Road						
	(Address)					
Cottondale, FL 32431						
	(City/ State and Zip Cod	e)				
pinkcaresjaco@g						
E-mail address: (to be used	•	notification)				
For further information concerning this matter, please	call:					
Philip Meadows	_{at (} 850	573-0228				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:				
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is Enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301				

APPROVEL AND FILED

Articles of Amendment to Articles of Incorporation

14 HAY 22 PH 2: 57

Guardians of the Ribbon Jackson County Chapter (Name of Corporation as currently filed with the Florida Dept. of State) N12000010991 (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: A. If amending name, enter the new name of the corporation: Pink Cares, Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co," may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name 1	<u>Addres</u> s
i) Change	*****	- MA	
Add			
Remove			
2) Change			
Add			
Remove			
3)Change		·-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Charrer			
6) Change			
Add			
Remove			

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

APPRUVEL AND FILED

The	date of each amendment	(s) adoption: May 19, 201	14 FILEL	, if other than the
	this document was signed	•	14 MAY 22 PM 2: 57	
Effective date if applicable:		May 19, 2014	SF08F129V3F (.41)	
		(no more than 90 days	SFORE LORY HE AL' after amend rient file date) STELE, ORIE,	
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)		
	The amendment(s) was/w was/were sufficient for ap		e number of votes cast for the amendment(s)	
	There are no members or adopted by the board of o		endment(s). The amendment(s) was/were	
	Signature	y 19,2014	Doels	
	have r		oard, president or other officer-if directors r – if in the hands of a receiver, trustee, or suciary)	
	Philip N	Meadows		
		(Typed or printed name of pe	rson signing)	
	Preside	ent		
		(Title of person sig	uning)	