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BEASIEN OF CORPORATION

OCT - 6 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

The 6th Dimension Corp NAME OF CORPORATION:		
N13000001555		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Daryl Baptist Jr.		
(Name of Contact Per	rson)	
The 6th Dimension Corp		
(Firm/ Company))	
717 45th Street		
(Address)		
West Palm Beach, Florida 33407		
(City/ State and Zip C	Code)	
The_6thdimensioncorp@aol.com		
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please call:		
Daryl Baptist Jr.	561	6355575
	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida D	epartment of S	State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

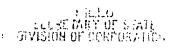
Mailing Address

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

Articles of Amendment to Articles of Incorporation of



2016 SEP 30 AM 10: 39

The 6th Dimension Corp

(Name of Corporation as cu	rrently filed with the Flor	ida Dept. of State)
N13000001555		
	Sumber of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration;	
		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
	(Fle	orida street address)
New Registered Office Address:		
·	(A)	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		the obligations of the position.
	Signature of New Regist	ered Agent if changing

address of each Officer: (Attach additional sheets, Please note the officer/did P = President; V = Vice F	and/or Directo , if necessary) rector title by th President; T= Ti = Chief Financia	r being added: ne first letter of the office title: reasurer; S= Secretary; D= Directa al Officer. If an officer/director ho	each officer/director being removed and title, name, and or; $TR = Trustee$; $C = Chairman$ or $Clerk$; $CEO = Chief$ olds more than one title, list the first letter of each office
	ves the corpora	tion, Sally Smith is named the V an	isted as the PST and Mike Jones is listed as the V. There is ad S. These should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add		Doe 2 Jones 2 Smith	•
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove			
2) Change Add			
Remove 3) Change Add	***************************************		
Remove 4) Change Add			
Remove 5) Change Add	·		
Remove 6) Change			

__ Add

_ Remove

(attach additional sheets, if necessary). (Be specific)
ARTICLE III
The specific prupose for which this corporation is organized is:
TO IMPROVE THE LIVES AND WELL-BEING OF FAMILIES BY PROVIDING
EDUCATIONAL HEALTH SERVICES, PREVENTION OF CRUELTY TO CHILDREN
SERVICES, AND CHARITABLE SERVICES TO THE COMMUNITY.
•
·

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

09/26/2016	
The date of each amendment(s) adoption:	ALUM TAR TUI if other than the
date this document was signed.	A A SOUR OF CURE ORALICY
Effective date if applicable:	2016 SEP 30 AM 10: 39
(no more than 90 do	ays after amendment file date)
Note: If the date inserted in this block does not meet the appliedocument's effective date on the Department of State's records	cable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and was/were sufficient for approval.	the number of votes cast for the amendment(s)
☐ There are no members or members entitled to vote on the adopted by the board of directors.	amendment(s). The amendment(s) was/were
09/26/2016 Dated	
Signature Day By	
	ne board, president or other officer-if directors rator if in the hands of a receiver, trustee, or rational fiduciary)
Daryl Baptist Jr.	
(Typed or p	printed name of person signing)
President	
	(Title of person signing)