N1300005676

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	■ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates of	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Project Compassion Inc
DOCUMENT NUMBER: N13000005076
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott Joiner (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
701 JC Center Court Unit 7
(Address)
Port Charlotte FL 33954 (City/ State and Zip Code)
STOINER & TSCPA-ORG E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Joiner 941-206-0077
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articl	es of Incorporation	·
Project Compassion (Name of Corporation as curre	Inc.	
(Name of Corporation as curre	ently filed with the	Florida Dept. of State)
N 1000005076		
	ber of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida No</i>	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	<u>ıtion:</u>	
B		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorpor	rated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N/b	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/3-	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
	(City)	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	d Agent: amiliar with and acc	cept the obligations of the position.
N/A		

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)

(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>PT</u> <u>V</u> <u>SV</u>	<u>John Doc</u> <u>Mike Jones</u> Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Add	ress
1) Change Add Remove				
2) Change Add Remove				
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
[ald all wording below]
Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption:	1/3/18	, if other than the
date this document was signed.		
Effective date if applicable:	3/18	
	rc than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of Sta	neet the applicable statutory filing requirements, this date will rate's records.	not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the n was/were sufficient for approval.	members and the number of votes east for the amendment(s)	
There are no members or members entitled to adopted by the board of directors.	o vote on the amendment(s). The amendment(s) was/were	
Dated	<u> </u>	
Signature	* Joinin	
	hairman of the board, president or other officer-if directors antincorporator — if in the hands of a receiver, trustee, or liciary by that fiduciary)	
	TI Joiner	
	(Typed or printed name of person signing)	
Pre	S	
	(Title of person signing)	