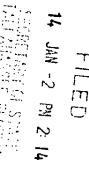
## N13000011383

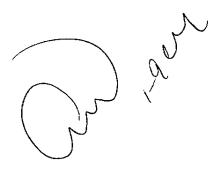
Office Use Only



200254899392

01/02/14--01020--019 \*\*35.00





## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: HIS GIFT   | TO US FOUN  | NDATION, INC.   |
|---|---|---|
| DOCUMENT NUMBER: N13000011  | 383   |   |
| The enclosed Articles of Amendment and fee are subm   | nitted for filing.  |   |
| Please return all correspondence concerning this matte  | r to the following:   |   |
| G. CHUCK TAYLOR   |   |   |
|   | (Name of Contact Persor   | n)  |
| HARE TAYLOR, LLC  |   |   |
|   | (Firm/ Company)   |   |
| 2589 JENKS AVENUE   |   |   |
|   | (Address)   |   |
| PANAMA CITY, FL 324   | 05  |   |
|   | (City/ State and Zip Code   | 2)  |
| CHUCKTAYLOR(  | _   |   |
| For further information concerning this matter, please  | call:   |   |
| G. CHUCK TAYLOR   | at (  | ,763-9635   |
| (Name of Contact Person)  | (Area Co  | ode & Daytime Telephone Number)   |
| Enclosed is a check for the following amount made pa  | yable to the Florida Depa   | artment of State:   |
| ■ \$35 Filing Fee  \$\textstyle \textstyle \t | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)    |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  | Amend<br>Divisio<br>Clifton<br>2661 E                                       | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of

## HIS GIFT TO US FOUNDATION, INC.

| (Name of Corporation as currently filed with the Flo  | rida Dent. of State)                     |                       |               |   |
|---|--|-----------------------|---------------|---|
| N13000011383  | in sept of state                         |                       |               |   |
| (Document Number of Co  | prporation (if known)                    | <del>- , - ,</del>    |               |   |
| Pursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation:                             | es, this Florida Not For Profit Corporat | ion adopts the follo  | wing          |   |
| A. If amending name, enter the new name of the corporati  | ion:                                     |                       |               |   |
| N/A   |  | The                   | new           |   |
| name must be distinguishable and contain the word "corporat<br>'Company" or "Co." may not be used in the name.                            | tion" or "incorporated" or the abbrevia  | ttion "Corp." or "I   | пс. ''        |   |
| B. Enter new principal office address, if applicable:   | N/A                                      |                       | 71            |   |
| Principal office address <u>MUST BE A STREET ADDRESS</u> )  | )  | 2.2 円                 | يــ           |   |
|   |  |                       | JAN -         | 7 |
|   |  |                       | 2-7<br>11. 12 | 7 |
| C. Enter new mailing address, if applicable:  | N/A                                      | 1773 - 2<br>77-00 - 4 | ⊋ ċ           | _ |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  | IN//A                                    |                       | <b>့</b>      |   |
|   |  | <u> </u>              | =             |   |
|   |  |                       |               |   |
|   |  |                       |               |   |
| <ol> <li>If amending the registered agent and/or registered office<br/>new registered agent and/or the new registered office a</li> </ol> |  | <u>of the</u>         |               |   |
| Name of New Registered Agent:   |  |                       |               |   |
| name of New Registered Agent:   |  |                       |               |   |
|   | (Florida street address)                 |                       |               |   |
| New Registered Office Address:  | ,  |                       |               |   |
|   | , Florida                                |                       | _             |   |
| (City)  |  | (Zip Code)            |               |   |
| New Registered Agent's Signature, if changing Registered  | Agent:                                   |                       |               |   |
| hereby accept the appointment as registered agent. I am fa  | miliar with and accept the obligations o | f the position.       |               |   |
|   |  |                       |               |   |
| Signature of New  | Registered Agent, if changing            |                       |               |   |

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>PT</u><br><u>V</u><br><u>SV</u> | John Doe<br>Mike Jones<br>Sally Smith |              |                          |
|----------------------------------|------------------------------------|---------------------------------------|--------------|--------------------------|
| Type of Action<br>(Check One)    | <u>Title</u>                       | <u>Name</u>                           |              | <u>Addres</u> s          |
| 1) Change                        |                                    | N/A                                   |              |                          |
| Add                              |                                    |                                       |              |                          |
| Remove                           |                                    |                                       |              |                          |
| 2) Change                        |                                    | _                                     |              |                          |
| Add                              |                                    |                                       |              |                          |
| Remove                           |                                    |                                       |              |                          |
| 3)Change                         |                                    | _                                     |              |                          |
| Add                              |                                    |                                       |              | Manual Processing States |
| Remove                           |                                    |                                       |              |                          |
| 4) Change                        |                                    |                                       |              |                          |
| Add                              |                                    |                                       | <del> </del> |                          |
| Remove                           |                                    |                                       |              | Market Communication     |
| 5) Change                        |                                    |                                       |              |                          |
| Add                              |                                    |                                       |              |                          |
| Remove                           |                                    |                                       |              |                          |
|                                  |                                    |                                       |              |                          |
| 6) Change                        |                                    |                                       |              | At the stands — t        |
| Add                              |                                    |                                       |              |                          |
| Remove                           |                                    |                                       |              |                          |

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

|      | he date of each amendment(s) adoption: December 30 to this document was signed.   | J, 2013                                   | _, if other than the |
|------|---|---|----------------------|
| Effe | ffective date if applicable:  |   | _                    |
|      | (no more than 90 days after   | amendment file date)                      |                      |
| Ada  | doption of Amendment(s) (CHECK ONE)   |   |                      |
|      | The amendment(s) was/were adopted by the members and the numwas/were sufficient for approval.   | nber of votes cast for the amendment(s)   |                      |
|      | There are no members or members entitled to vote on the amendment adopted by the board of directors.  December 30, 2013  Signature  By the chairman or vice chairman of the board, have not been selected, by an incorporator – if other court appointed fiduciary by that fiduciar | , president or other officer-if directors | _                    |
|      | Lori Switala  |   |                      |
|      | (Typed or printed name of person  | signing)                                  |                      |
|      | President   |   |                      |
|      | (Title of person signing)   | (;)                                       |                      |