N14000001617

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	HOU3E CHARITAB	LE FOUNDATION	INC		
	N14000001617				
DOCUMENT NUMBER:					
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
VITALIY PERSHIN					
 	(Name of Contact Pe	erson)		<u> </u>
<u> </u>		(Firm/ Company	r)		
5770 NW 60TH AVE #E21	1				
		(Address)			
TAMARAC FL 33319					
	(City/ State and Zip	Code)		
PERSHINFL@GMAIL.CO	М				
E	-mail address: (to be used	for future annual rep	ort notification	1)	
For further information conc	erning this matter, please o	eall:			
VITALIY PERSHIN		at	954	614-0878	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Num	ber)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida I	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif s Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)	
Mailing A	ddwaa	CA			

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

HOUSE CHARITABLE FOUNDATION INC	
•	as currently filed with the Florida Dept. of State)
N14000001617	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:
BOCA CHARITABLE FOUNDATION INC	The new
ame must be distinguishable and contain the word Company" or "Co," may not be used in the name	d "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica Principal office address MUST BE A STREET A	
<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)
	-
 If amending the registered agent and/or registered agent and/or the new register 	stered office address in Florida, enter the name of the
	SERGEYEVICH P., VITALIY
Name of New Registered Agent:	5770 NW 60TH AVE SUITE E-211
	(Florida street address)
New Registered Office Address:	
	TAMARAC , Florida 33319
	(City) (Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:
	nt. I am familiar with and accept the obligations of the position
_	Sergasvide / lut
	Signature of New Reginered 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 <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>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	CEO	PERSHIN, VITALIY	5770 NW 60TH AVE
Add			SUITE E-211
X Remove			TAMARAC FL 33319
2) Change	CEO	SERGEYEVICH P., VITALIY	5770 NW 60TH AVE
X Add			SUITE E-211
Remove			TAMARAC FL 33319
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	444		
Add			
Remove			

E. If amending or adding additional Artic	cles, enter change(s) here:
E. If amending or adding additional Artical (attach additional sheets, if necessary).	(Be specific)
4.4.,	

the date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date <u>if applicable</u> :
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Signature By the mairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Sergeyevich Typed of printed name of person signing)
(Title of person signing)