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(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GIVE WELLOULING INC. Name Change to				
DOCUMENT NUMBER:				
DOCOMENT HOMBER				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
(Name of Contact Person)				
THE BIG FAT HAPPY PROJECT INC (Firm Company)				
2974 HARTLEY ROW, 2ND FLOOR (Address)				
JACKSONVILLE, FI 32257 (City/ State and Zip Code)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (904) 2102 - 9504 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is Enclosed)				

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

2 I Also to be build

14 JUL 18 AM 9:57 Corporation as currently filed with the Florida Dept. of State) M14000001184 (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: THE BIG FAT HAPPY PROJECT, INC

The new 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) NK C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) NA 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: Florida (City) 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: \mathcal{N}/\mathcal{K}

(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	PT V SV	John Doe Mike Jones Sally 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		n		
		Pa	ge 2 of 4	1

f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)	·	•		
					
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amenwas/were sufficient for approval.	ndment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	is/were
Dated 7 15 14	
Signature Cliffic School Signature	1'
(By the chairman or vice chairman of the board, president or other officer-if of have not been selected, by an incorporator – if in the hands of a receiver, tru other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
PRESIDEALT	
(Title of person signing)	