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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION:	ARD AGAPE GROUP, INC.	
N14000003304 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are subm	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
EVELYNN RIVADENEIRA		
	(Name of Contact Person)	
THE PAY IT FORWARD AGAPE GROUP, INC.		
	(Firm/ Company)	
2265 OAK SHADOW COURT		
	(Address)	
OVIEDO, FL 32766		
	(City/ State and Zip Code)	
EVELYNNMFT@GMAIL.COM		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	call:	
WILLIAM J. STELLABUTO, JR	(407) 308-7426	
(Name of Contact Person)		
Enclosed is a check for the following amount made page	yable to the Florida Department of State:	
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)	
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations	Amendment Section Division of Corporations	

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 Articles of Incorporation

of

17 KE 22 / 17 KE 55

THE PAY IT FORWARD AGAPE GROUP, INC.				
(Name of Corporation	as current	ly filed with the Floric	la Dept. of State)	
N14000003304				
(Docum	ent Numbe	er of Corporation (if kno	own)	
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes	s, this <i>Florida Not For</i>	Profit Corporation adopts the follo	owing
A. If amending name, enter the new name of the	corporatio	<u>on:</u>		
N/A			The	e new
name must be distinguishable and contain the word		ion" or "incorporated"		
"Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable:		2265 OAK SHADOW	COURT	
(Principal office address <u>MUST BE A STREET AI</u>		OVIEDO, FL 32766		
				<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2265 OAK SHADOW	COURT	
		OVIEDO, FL 32766		
D. If amending the registered agent and/or registered agent and/or the new registered			nter the name of the	
Name of New Registered Agent:	EVELYNN RIVADENEIRA			
	2265 OAK SHADOW COURT			
New Registered Office Address:	(Florida street address)			
	OVIEDO, FL		, Florida 32766	
•		(City)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			he obligations of the position.	
_	C 2.	gnature of New Registe	rad Agant if physics	
	30	gnanae oj new Registe.	геи адени, у ониндинд	

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	V Mike	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	WILLIAM J. STELLABUTO, JR	7702 REGAL VIEW LANE
X Add			ORLANDO, FL 32810
Remove			
2) Change	CFO	LEONA HAMMOND	5857 PEARL ESTATES LN
X Add			SANFORD, FL 32771
Remove 3) X Change	VP	EVELYNN RIVADENEIRA	2265 OAK SHADOW COURT
3) Change Add			OVIEDO, FL 3 27 66
Remove			
4) Change	C	JIM EMMONS	1713 COTTONWOOD CREEK PL
X Add			LAKE MARY, FL 32746
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove		Dog 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary), (Be specific)			
ARTICLE III THE PURPOSE OF THE CORPORATION IS TO RAISE FUNDS TO PROVIDE FINANCIAL			
ASSISTANCE FOR THOSE DIAGONOSED WITH MENTAL HEALTH NEEDS.			

•	ARTICLE III FEBRUARY 25, 2017	
		, if other than the
	APRIL 18, 2017	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
Ado	option 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.	
	Dated 5-1-2.017	
	Signature (By the cha)rman 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)	
	JAMES 5- EMMONS IV	
	(Typed or printed name of person signing)	
	CHAIRARAN OF THE BOARD	
	(Title of person signing)	