N14000005220

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 29 2017

EXAMINER:

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WEHE.INC

DOCUMENT NUMBER: N14000005220

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bennie Murphy
(Name of Contact Person)

WEHE.INC
(Firm/ Company)

100 W Lucerne Circle
(Address)

Orlando,Florida 32801
(City/ State and Zip Code)

wehe@gmx.com or murphyservice@gmx.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bennie at 407 7475608
(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 ☐ $43.75 Filing Fee & Certificate of Status ☒ $43.75 Filing Fee & Certified Copy (Additional copy is 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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

WEHE.INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000005220

(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:**

Wehe foundation 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)

100 W Lucerne Cir Ste 200

Orlando Fl 32801

C. **Enter new mailing address, if applicable:**
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 608174

Orlando, Florida 32860

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: Murphy Service, LLC

100 W Lucerne Cir Ste 200
(Florida street address)

New Registered Office Address:

Orlando, Fl 32801, Florida, N/A
(City) *(Zip Code)*

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TALLAHASSEE, FLORIDA

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.

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)
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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) X Change ____ Add X Remove	C	Anisworth B. ROBINSON	P.O Box 608174 Orlando,Florida 32860
2) ____ Change X Add ____ Remove	B	Ajay Khindri	P.O Box 608174 Orlando,Florida 32860
3) ____ Change X Add ____ Remove	Vice C	Byron Fain Pershing	P.O Box 608174 Orlando. Florida 32860
4) X Change ____ Add X Remove	C	Camaron Caines	P.O Box 608174 Orlando. Florida 32860
5) X Change ____ Add ____ Remove	B	Octavio Garcia	P.O Box 608174 Orlando,Florida 32860
6) X Change ____ Add ____ Remove	Chairma	Bennie Murphy	

E. <u>If amending or adding additional Articles, enter change(s) here</u>:
(attach additional sheets, if necessary). (Be specific)

Hello:

Please Delete Aninsworth B. Robinson Title Chairman.

Please Add Byron Fain Pershing as Titled Vice Chair.

Please Change Octavio Garcia Title as Chairman to Board member.

Please Delete Camaron Caines Titled Chairman.

Please Add Ajay Khindri Titled as Board member.

Please Change Bennie Murphy Title from Director to Chairman.

Thank you in advance.

The date of each amendment(s) adoption: August 17,2017, if other than the date this document was signed.

Effective date if applicable: August 17,2017

(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) **(CHECK ONE)**

☐ 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 August 17,2017

Signature _____

(By the chairman 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)

BENNIE MUPHY

(Typed or printed name of person signing)

Director

(Title of person signing)