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### **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Still  | Have A  | Future Inc.  |  |
|---|---|--|--|
| DOCUMENT NUMBER: N 14 0000  | 05362   |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.                          |   |  |  |
| Please return all correspondence concerning this matter to t                                  | unes_   |  |  |
|   | ne of Contact Person)  A Future (Firm/ Company)           |  |  |
| 2462 Lake D   | (Address)   | . Apt 2106   |  |
| Orlando, 76   | 3 235<br>/ State and Zip Code                             | )  |  |
| T.Shafinc 1 E-mail address: (to be used for f   | g gmail<br>uture annual report no                         | otification)   |  |
| For further information concerning this matter, please call:                                  | at (407   | , 453-813 <del>8</del>   |  |
| (Name of Contact Person)  | (Area Coo   | de & Daytime Telephone Number)                                     |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |   |  |  |
| (Λ  | 3.75 Filing Fee & rtified Copy dditional copy is aclosed) | Certificate of Status Certified Copy (Additional Copy is Enclosed) |  |
| Mailing Address   | Street A  | ddress   |  |

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

## TILLE

### Articles of Amendment Articles of Incorporation (Name of Corporation a (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: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 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:

(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       | n Doe<br>e Jones<br>y Smith |   |
|-----------------------------------|--------------|-----------------------------|---|
| Type of Action (Check One)        | <u>Title</u> | <u>Name</u>                 | Address                                       |
| 1) X Change Add Remove            | ₽ <b>D</b> _ | Greta D. Rhynes             | PDBOX SLEO455<br>anlarder 7C32856             |
| 2) Change                         | ADMI         | Shauntrea I. Saunde         | 95<br>3719 Catue St                           |
| Remove 3) Change Add              | 1            | anita Single tary           | Cocoa, 7c 32922<br>Cocoa, 7c 32922            |
| Remove  4) Change                 | .5_          | Sacqueline L. Yon           | 1740 Foxhall Circle<br>Kissimmee, FC<br>34741 |
| 5) Change<br>Add<br>Remove        |              |                             |   |
| 6) Change<br>Add<br>Remove        |              |                             |   |

| ttach additional sheets. if necessar, | Articles, enter chang<br>y). (Be specific) |                    |  |
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| The date of each amendment(s) adoption: |  | _, if other than the |
|---|--|----------------------|
|   | ective date if applicable:  (no more than 90 days after amendment file date)   | _                    |
| Ad                                      | option of Amendment(s) ( <u>CHECK ONE</u> )  |                      |
| Ø                                       | 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  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) | _                    |
|   | (Typed or printed name of person signing)  President Divector  (Title of person signing)   |                      |

. . . . .