

N14000008059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

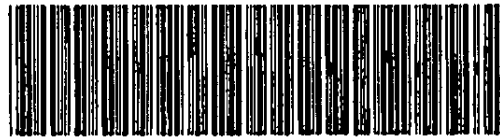
(Business Entity Name)

(Document Number)

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*Amend*

03/27/15--01010--003 \*\*35.00

FILED  
2015 MAR 27 PM 3:53  
RECORDS SECTION  
TALLAHASSEE, FLORIDA

*DR*  
3/31/15

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Clarang, Inc.

DOCUMENT NUMBER: N14000008059

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

Please return all correspondence concerning this matter to the following:

A. C. Watson

(Name of Contact Person)

Clarang, Inc.

(Firm/ Company)

P. O. Box 115

(Address)

Hollywood, CA 90078-0115

(City/ State and Zip Code)

ClarangInc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. C. Watson

(Name of Contact Person)

at ( 323 ) 549-9300

(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

**BYLAWS**  
**Clarang, Inc.**

**Article I - Name**

The name shall be Clarang, Inc., incorporated on August 29, 2014 as a Florida Not for Profit Corporation.

**Article II - Offices**

Clarang, Inc. shall have such offices, within or without the State of Florida, as the Board of Directors determines from time to time.

**Article III - Purpose**

The specific purpose for which Clarang, Inc. is organized is: Nonprofit Product Acquisition Distribution and Charity Marketing and Design Services.

Clarang, Inc. is an organization earmarked to provide assistance for children and adult medical and/or quality of life charitable and educational purposes, to include for said purposes facilitating the acquisition(s) and distribution(s) of products and supplies to organizations which qualify under section 501(c)(3) of the Internal Revenue Code

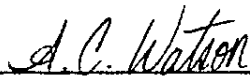
**Article IV - Members**

Clarang, Inc. shall have no members, as the Board of Directors determines from time to time.

**Article V - Board of Directors**

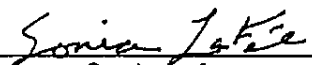
Clarang, Inc. shall designate a Board of Directors who shall initially be appointed by a majority of the incorporators to serve as Directors until such Director's death, resignation, or removal.

**BYLAWS ADOPTED** on this 28th day of August, 2014, by the Board of Directors of Clarang, Inc. :

  
\_\_\_\_\_  
A. C. Watson

  
\_\_\_\_\_  
Cecil Hughes

  
\_\_\_\_\_  
G. A. Cabot

  
\_\_\_\_\_  
Sonia Lefe

Articles of Amendment  
to  
Articles of Incorporation  
of

Clarang, Inc.

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

N14000008059

(Document Number of Corporation (if known))

FILED  
2015 MAR 27 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 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**)*

217 N Howard Av #201  
Tampa, FL 33606

**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:*

\_\_\_\_\_, Florida \_\_\_\_\_  
*(City) (Zip Code)*

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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

**Article III - PURPOSE:**

Nonprofit Product Acquisition Distribution and Charity Marketing and Design Services  
Clarang, Inc. is an organization earmarked to provide assistance for  
children and adult medical and/or quality of life charitable and  
educational purposes, to include for said purposes facilitating the  
acquisition(s) and distribution(s) of products and supplies to  
organizations which qualify under section 501(c)(3) of the Internal  
Revenue Code, or the corresponding section of any future Federal Tax Code.

Notwithstanding any other provision of these articles, Clarang, Inc.  
shall not conduct any other activities which are not permitted (a)  
by a corporation exempt from Federal income tax under section  
501(c)(3) of the Internal Revenue Code, or (b) by a corporation,  
contributions to which are deductible under section 170(c)(2) of the  
Internal Revenue Code, or the corresponding section of any future  
Federal Tax Code.

Upon dissolution of this Clarang, Inc. (Non Profit) organization,  
assets shall be distributed for one or more exempt purposes within  
the meaning of section 501(c)(3) of the Internal Revenue Code, or  
the corresponding section of any future Federal Tax Code, or  
distributed to the federal government, or a state or local government  
for a public purpose.

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

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 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 January 15, 2015

Signature A. C. Watson

(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)

A. C. Watson

(Typed or printed name of person signing)

President

(Title of person signing)