N14000008740

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COVER LETTER

TO: Amendment Section Division of Corporations Hello Perfect Foundation, Inc. N14000008740 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jay Fleisher (Name of Contact Person) Law Office of Jay Fleisher (Firm/ Company) 11380 Prosperity Farms Road, Suite 204 Palm Beach Gardens, FL 33410 (City/ State and Zip Code) alexa@helloperfect.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jay Fleisher (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ■\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

FILED

	of	2N
Hello Perfect Foundation, Inc.		2014 OCT 16 PM 4: 20
(Name of Corporation as currently filed wit	h the Florida Dept. of State)	WOOSTANT UFISTATE
N14000008740		JALLAHASSEE, FLORID
(Document Num	nber of Corporation (if known)	10
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profi	it Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
n/a		The new
name must be distinguishable and contain the word	"corporation" or "incorporated" or th	he abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	. 11614 Paradise	Cove Lane
B. Enter new principal office address, if applicab	ole;	
(Principal office address <u>MUST BE A STREET AL</u>	Wellington, FL 3	3449-8384
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	11614 Paradise	Cove Lane
(Mailing and the Mail 1997) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Wellington, FL 33449-8384	
	<u></u>	<u></u>
D. If amending the registered agent and/or regist		the name of the
new registered agent and/or the new registere	ed office address:	
Name of New Registered Agent: n/a		
11614	4 Paradise Cove Lane	
New Parietanad Office Address	(Florida street address)	
<u>New Registered Office Address</u> : Wellit	naton	33449-8384
	(City)	Florida 33449-8384 (Zip Code)
		(Lip Coue)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent: . I am familiar with and accept the ob	ligations 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 X Remove X Add	<u>V</u> <u>Mil</u>	n <u>Doe</u> se <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>D</u>	ALEXA CARLIN	11614 Paradise Cove Lane
Add			Wellington, FL 33449-8384
Remove			
2) X Change	D	SUSAN CARLIN	11614 Paradise Cove Lane
Add			Wellington, FL 33449-8384
Remove	D	MITCH CADLIN	44C44 Paradia Const.
3) X Change	<u>D</u>	MITCH CARLIN	11614 Paradise Cove Lane
Add			Wellington, FL 33449-8384
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

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

The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	•	
_	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	
There are no members or memb adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated 10	7-2014	
have not bee	nan or vice chairman of the board, president or other officer-if directors n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	<u> </u>
Alexa Carli	n	
	(Typed or printed name of person signing)	
President a	and Chair of the Board of Directors	

(Title of person signing)