

N140000009503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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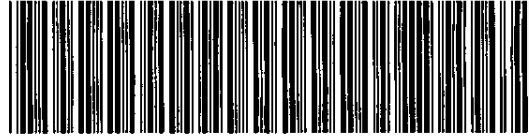
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

1-29-15

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Managing Member
Locksley A. Rhoden, Esq.
J.D., LL.M. in Taxation

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tel: 305.965.0635
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January 22, 2015

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Re: Articles of Amendment to the Articles of Incorporation of
Perspectives of Freedom Foundation, Inc.,
a Florida not-for-profit corporation (the "Corporation")**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

On behalf of the Corporation, enclosed please find a check in the amount of Forty Three Dollars and Seventy Five Cents (\$43.75) made out to 'Florida Department of State' for costs to file the enclosed Articles of Amendment to the Articles of Incorporation of the Corporation and deliver to my attention a certified copy of the filing enclosed.

Thank you expediting filing of the enclosed Articles of Amendment to the Articles of Incorporation. If you need additional information to process this request, please contact me at (305) 965-0635 or lrhoden@theapfirm.com.

Very truly yours,



Locksley A. Rhoden, Esq.
For the Firm
Legal Counsel for the Corporation

Enclosures

Articles of Amendment
to
Articles of Incorporation
of

Perspectives of Freedom Foundation, Inc.

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

N14000009503

(Document Number of Corporation (if known))

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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**)

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

[illegible]

The date of each amendment(s) adoption: January 16, 2015, if other than the date this document was signed.

Effective date if applicable: January 16, 2015
(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 16, 2015

Signature Toran Hansen

(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)

Toran Hansen, Ph. D.

(Typed or printed name of person signing)

Director

(Title of person signing)