

N140000009503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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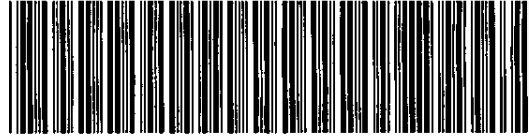
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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THE ASSET PROTECTION FIRM

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

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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

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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Elena Bastidas, Ph. D.</u>	<u>778 Heritage Drive</u> <u>Weston, FL 33326</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Peter Hildebrand, Ph. D.</u>	<u>4055 N.W. 34th Place</u> <u>Gainesville, FL 32606-6151</u>
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	_____	_____	_____

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 

(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)