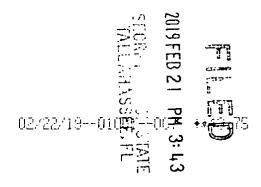


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R. WHITE. FEB 2 1 2019

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION	ROCKHEAD SYNEI	RGY INC.		
DOCUMENT NUMBER:	N15000002203			
The enclosed Articles of Am				
Please return all corresponde	ence concerning this matter	r to the following:		
WILLIE J. BROWN III				
		(Name of Contact Perso	on)	
ROCKHEAD SYNERGY II	NC.			
		(Firm/ Company)		
3048 CARLOW CIRCLE				
		(Address)		
TALLAHASSEE, FL 32309	)			
		City/ State and Zip Coo	de)	
bscsynergy@gmail.com				
E	-mail address: (to be used	for future annual report	notification	n)
For further information conc	eming this matter, please of	call:		
WILLIE J. BROWN III		(8 at	50)	443-0786
	(Name of Contact Person)		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the fe	ollowing amount made pay	able to the Florida Dep	artment of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section			Address	
		Amen	dment Secti	ion

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

## Articles of Amendment to Articles of Incorporation of

FILED

2019 FEB 21 PH 3: 43 ROCKHEAD SYNERGY INC. (Name of Corporation as currently filed with the Florida Dept., of. State) N15000002203 (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: PROJECT SMYLE: (Serving & Mentoring Youth in Low Income Environments) 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. 3048 CARLOW CIRCLE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) TALLAHASSEE, FL 32309 C. Enter new mailing address, if applicable: 3048 CARLOW CIRCLE (Mailing address MAY BE A POST OFFICE BOX) TALLAHASSEE, FL 32309 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: (Zip Code) (City) 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<del></del>		
Add			
Remove			
2) Change			
Add	•		
Remove			
3) Change			<del></del>
Add			
Remove			
Kemove			
4) Change			
Add			
Remove			
6)			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
	<del></del>
<del>.</del>	

	date of each amendment(s) at this document was signed.	option:	, if other than the		
Eff	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
	e: If the date inserted in this bloument's effective date on the De	ck does not meet the applicable statutory filing requirements.	this date will not be listed as the		
Adoption of Amendment(s)		( <u>CHECK ONE</u> )			
	The amendment(s) was/were ac was/were sufficient for approve	lopted by the members and the number of votes cast for the ail.	mendment(s)		
	There are no members or mem adopted by the board of direct	pers entitled to vote on the amendment(s). The amendment(s) ors.	) was/were		
	Dated	Mu (1 )			
	(By the chair have not be	man or vice chairman of the board, president or other officeren selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)			
	WILLIE	J. BROWN III			
	-	(Typed or printed name of person signing)	<del></del>		
	CEO/CF	IEF EXECUTIVE OFFICER			
		(Title of person signing)			