N15000000312

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cil	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Do	ocument Number)			
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Special Instructions to Filing Officer:				
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COVER LETTER

TO: Amendment Section Division of Corporations

FOUR BRANCHE NAME OF CORPORATION:	S OUTREACH INC	• • • • • • • • • • • • • • • • • • • •	
DOCUMENT NUMBER: N15000002312			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Connor Haskins			
	(Name of Contact	Person)	
Fears I Nachawati, PLLC			
	(Firm/ Compa	ny)	
4925 Greenville Ave., Suite 715			
	(Address)		
Dallas, TX 75206			
	(City/ State and Zi	p Code)	
drossibilling 14@gmail.com			
E-mail address: (to be use	ed for future annual r	eport notification	on)
For further information concerning this matter, pleas-	e call:		
Connor Haskins		214 at	461-6223
(Name of Contact Perso			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florid	a Department of	State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy enclosed)	Certi y is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)
Mailing Address Amendment Section Division of Corporations	Ĩ	Street Address Amendment Sec	

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



FOUR BRANCHES OUTREACH INC.		15 AUG -4	PM 3:4
(Name of Corporation as curren	tly filed with the Florida Dept. of	State)	
N15000002312			
(Document Numb	er of Corporation (if known)		
tursuant to the provisions of section 617.1006, Florida Statute mendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corp	oration adopts th	e following
. If amending name, enter the new name of the corporat	ion;		
HER STORY BOOK, INC.			The new
ame must be distinguishable and contain the word "corpora Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbi	eviation "Corp."	
. Enter new principal office address, if applicable:	N/A		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
			····
		· · · · · · · · · · · · · · · · · · ·	
If amending the registered agent and/or registered offi	ce address in Florida, enter the na	me of the	
new registered agent and/or the new registered office a			
Name of New Registered Agent: N/A			
, , , , , , , , , , , , , , , , , , , ,			
	(Florida street address)		
New Registered Office Address:		31/4	
N/A	7.531. h	_, Florida	
	(City)	(Zip Code)	
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	Agent: uniliar with and accept the obligation	ns of the position	
<u></u>	Signature of New Registered Agent is	f 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	PT Y SY	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	Name		Address
1) Change		N/A		
Add				
Remove		N/A		
2) Change		INA	a tarana kananan ayan ayan ayan ayan ayan aya	
Add Remove				
3) Change		N/A		•
Add				
Remove		N/A		
4) Change Add				
Remove				
5) Change		N/A		
Add				
Remove				
6) Change		N/A		
Add				

E. If amending or adding additional Artic (attach additional sheets, if necessary).	cles, enter change(s) here:
(anden additional sheets, if necessary).	(Be specific)
N/A	
<u> </u>	

	•		N/A	
	date of each amend		option:	, if other than the
date	this document was s			Spring
rm.	ctive date <u>if applic</u>	N/A obler		- DIVISI公益的基本的。
2210	The second second	<u></u>	(no more than 90 days after amendment file date)	15 AUG - 4 PM 2.1.0
			k does not meet the applicable statutory filing requirements, sartment of State's records.	7 1 1 1 5 7 7
Adoption of Amendment(s)		nt(s)	(CHECK ONE)	
	The amendment(s) was/were sufficient		opted by the members and the number of votes cast for the an	nendment(s)
8	There are no memb adopted by the boa		ers entitled to vote on the amendment(s). The amendment(s) is.	was/were
	Dated	7/27/15	······································	
	Signature _	Dia	NE Pess.	
	1	have not been	nan or vice chairman of the board, president or other officer- in selected, by an incorporator — if in the hands of a receiver, t ppointed fiduciary by that fiduciary)	
		DIANER	OSSI	
			(Typed or printed name of person signing)	
		PRESIDE	ENT/DIRECTOR	
		-	(Title of person signing)	