115000005470

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Heart 2 He ORATION:	art Support Group Inc.		
DOCUMENT NU	N15000005470			
The enclosed Article	es of Amendment and fo	ee are submitted for filing.		
Please return all cor	respondence concerning	this matter to the following	g:	
		Christine Mayer	S	
		(Name of Conta	ect Person)	Machine Machin
	•	Heart 2 Heart Support	Group Inc.	
		(Firm/ Con	ipany)	
		921 64th Avenue S	outh	
		(Addre	ss)	
		St. Petersburg, Flor	ida 33705	
		(City/ State and	Zip Code)	
	heart2heart727			
		to be used for future annu	al report notification	n)
For further informat	tion concerning this mat	ter, please call:		
	Christine Mayers		727 at	866-7528
	(Name of Cont	act Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check	for the following amount	nt made payable to the Flo	rida Department of	State:
□ \$ 35 Fil	ing Fee \$43.75 Fili Certificate	ng Fee & S43.75 Filing of Status Certified Cop (Additional e enclosed)	opy is Centi Centi (Add	io Filing Fee ficate of Status fied Copy stional Copy is osed)
Ā D P	Mailing Address Intendment Section Division of Corporations O. Box 6327 Callahassee, FL 32314		Street Address Amendment Section of Corp Clifton Building 2661 Executive C	orations Center Circle

Articles of Amendment to Articles of Incorporation of

Heart 2 Heart Support Group Ic.		
(Name of Corporation 2	as currently filed with the	Florida Dept. of State)
N15000005470		
(Docume	ent Number of Corporation ((if known)
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	da Statutes, this Florida No	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "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 AD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)	
D. If amending the registered agent and/or registence new registered agent and/or the new registered		ida, enter the name of the
Name of New Registered Agent:		
_		
New Registered Office Address:		(Florida street address)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		cant the obligations of the position
- nel es, weeept me appointment to regimered agent.	i am jamusur vitus unu uce	reprime ourigunous of the position.
	Signature of New Re	egistered Agent, if changing

Page 1 of 4

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SECRETARY OF STATE

N15000005476

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	Address
1) Change			
Add Remove			
2) Change			
Remove			
3) Change Add			
Remove			
4) Change Add			
Remove 5) Change			
Remove 6) Change			
Add			

N 15000005470

Employer# 47-419-1258

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

1. PURPOSE
Heart 2 Heart Support Group Inc. is organized exclusively for educational purposes, including, for such purposes,
the making and distributions to organizations that qualify as exempt organizations described under Section 501(e) (3) of
the Internal Revenue Code, or corresponding section of any future federal tax code.
2. Dissolution
Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of
Section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be
distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed
of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization
is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine,
which are organized and operated exclusively for such purposes.

N15000005470

Employer # 47-419-1258

The date of each amendment(s) adoption: February //, 20/6 if other than the date this document was signed.
Effective date if applicable: February 11, 2016 (no more than 90) days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes east 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 February 11,2016
Signature Christine Mayers
(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)
Christine Mayers
(Typed or printed name of person signing)
President
(Title of person signing)