N15000009611

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JAN 8 2016 C. CARRUIMERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	April's Angels Incorp	orated		
DOCUMENT NUMBER:	N5000009611			
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	r to the following:		
Julie Peckham				
		(Name of Contact Po	erson)	77.4
April's Angels Incorporated				
		(Firm/ Company	y)	
1134 Morgan Circle East				
		(Address)	 ,	
Orange Park, FL 32073				
	((City/ State and Zip	Code)	
aprilsangels15@gmail.com				
E	-mail address: (to be used	for future annual rep	port notification)
For further information conc	erning this matter, please o	call:		
Julie Peckham		at	904	866-2986
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida I	Department of S	State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

April's Angels Incorporated				
(Name of Corporation as o	currently filed w	vith the Florida	Dept. of State)	
N5000009611				
(Document	Number of Corp	oration (if know	vn)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Flo	orida Not For P	rofit Corporation ac	dopts the following
A. If amending name, enter the new name of the cor	rporation:			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "	incorporated" o	or the abbreviation '	Corp." or Tac."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registered	ed office address	s in Florida, en	ter the name of the	
new registered agent and/or the new registered o	office address:			
Name of New Registered Agent:				
New Registered Office Address:		(Floria	la street address)	
			, Florida	
	(City)		(Zip C	Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		h and accept the	obligations of the p	osition.
	Signature o	f New Registere	d Agent, if changing	?

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, na	ıme, 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>V</u> <u>N</u>	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address .
1) Change	CFO	LaShawn Butler	1763 Biscayne Bay Circle
Add			Jacksonville, FL 32218
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if neces:	ш,у, (Б	e specific)						
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	e date of each amendment(s this document was signed.	s) adoption:			, if other than th
Effe	ective date <u>if applicable</u> :				
	<u>-</u>	(no i	more than 90 days after	amendment file date)	
Not doc	e: If the date inserted in this ument's effective date on the	s block does not Department of	t meet the applicable sta 'State's records.	tutory filing requirements, this date w	ill not be listed as the
Ada	option of Amendment(s)	(<u>C</u> H	IECK ONE)		
	The amendment(s) was/we was/were sufficient for app		ne members and the nun	nber of votes cast for the amendment(s)
	There are no members or n adopted by the board of di		I to vote on the amendm	ent(s). The amendment(s) was/were	
	Dated	12/29	15	-	
	Signature				
	have no	t been selected,		president or other officer-if directors in the hands of a receiver, trustee, or y)	
		LaSt	nawn But	ter	
			(Typed or printed na	ame of person signing)	
		chief	Financial	Officer	
			(Title of	person signing)	