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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Advance Global Outreach, Inc.
DOCUMENT NUMBER: N1500010396
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Purvette A. Bryant (Name of Contact Person)
Advance Global Outreach, Inc. (Firm/Company)
1820 Barrington Circle (Address)
Rockledge, Florida 32955 (City/ State and Zip Code)
advanceglobal 77 6 g mail. com E-mail address: (tobe used for future annual report notification)
For further information concerning this matter, please call:
Purvette Bryant (Name of Contact Person) at (321) 271-7043 5 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & ☑ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

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

Advance Global Outr	each, I	the Florida Dept. of State)	
N15000010396	mber of Corpora		
(Document Nur	mber of Corpora	tion (if known)	
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida</i>	a Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corpor	ation:		
name must be distinguishable and contain the word " corpo		and a state of the	The new
"Company" or "Co." may not be used in the name	oration <i>or</i> incl	or porated for the abbreviation	n Corp. or Inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u> </u>		
			
C. Enter new mailing address, if applicable:			N See
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			25 S
			13
			<u> </u>
D. If amending the registered agent and/or registered o	ffice address in	Florida, enter the name of the	he
new registered agent and/or the new registered offic			21
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
	(City)		da o <i>Code)</i>
	(09)	(24)	, (()
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		d accept the obligations of the	position.
	Signature of Ne	ew Registered Agent, if change	ing

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>V</u> <u>Mil</u>	n <u>Doe</u> ke <u>Jones</u> ly <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	VT	Janie Bryant	1139 Tarpon Drive Rockledge, FL 32955
2) Change Add Remove	5_	Purvis L. Bryant, Ir.	1139 Terpon Orive Rockledge, FL 32955
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional (attach additional sheets, if necessar	Articles, enter ch	nange(s) here:)			
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		<u>.</u>			

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable: July 16, 20/6 (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 document's effective date on the Department of State's records.	be listed as the
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 7/16/2016	
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)	_
Purvette Bryant (Typed orprinted name of person signing)	ert
President (Title of person signing)	FOREVERS OF MAIN