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(Re	equestor's Name)		
 (Ad	dress)		
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(Cit	ty/State/Zip/Phone	#)	
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I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: WOTH A	merican Support World D
DOCUMENT NUMBER: NIGOOO	
The enclosed Articles of Amendment and fee are submi	itted for filling
Please return all correspondence concerning this matter	to the following: LACA Delgado CPA What Delgado CPA Name of Contact Person)
	ates Inc. (Firm/Company)
lele5 5E 10TV	
Decition Br	Pach Fr. 33441
	City/ State and Zip Code)
E-mail address: (to be used to	or fulling annual report notification)
For further information concerning this matter, please ca	
Angela Delgad	at 454 571.4 09 0 (Area Code) (Daytime Telephone Number)
9 ((inca court) (cay time recognition ratifical)
Enclosed is a check for the following amount made paya \$35 Filing Fee \$\Bigcup \square S43.75 Filing Fee & \$\Bigcup\$ Certificate of Status	·
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

North American	Suppor	T Warld	wid	<u>e1</u>	MC
(Name of Corporation a	currently filled with the	e Florida Dept. of Sta	<u>te</u>)		
NIGOU	0004564	- (ifilmoum)			
·	it Number of Corporation	,			
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida /</i>	Not For Profit Corpora	tion adopts the	follow	ing
A. If amending name, enter the new name of the c	orporation:	1 -			
Support Wo	MOWIDE	inc.		_The n	
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorp	porated" or the abbrevi	ation "Corp."	or "Inc	. "
B. Enter new principal office address, if applicable	1.				
(Principal office address MUST BE A STREET AD.			·		_
			· · · ·		_
			 -		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	x 9504 (Cypress	tarbar	/ D)/ . []
	<u> </u>	will will	<u>L</u> 33		
			<u> </u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Fl office address;	orida, enter the name	of the		
Name of New Registered Agent:	 _				
<u> </u>			三	2016	
_		(Florida street address)	<u> </u>		
New Registered Office Address:			532		
_		, F	lorida 🚟 📉		
	(City)		(Zip Code) ₁	P	1 1
New Registered Agent's Signature, if changing Re			25	į.	
I hereby accept the appointment as registered agent.	i am familiar with and i	accept the obligations of	of the position.	90	
	Signature of New	Registered Agent, if ch	anging		_

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 John D V Mike J SV Sally S	ones	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change	EXEC.		about Cypress Harbar Gibborton, P. 33534
Remove	Directa		
2) Change	15	Domenique Quin	tana
Add	·	\mathcal{O}	and Cepresstavbar
Remove 3) Change	30	Diana Barahara	61650Mm, 12 32534
Add			9504 apresstaba
4) Change	<u>VP</u>	Juan Costa	33534
Add			absorton R
5) Change			33534 1
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional At (attach additional sheets, if necessary).	(Be specific)	nge(s) nere:			
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The date of each amendment(s) adoption: _ date this document was signed	7/6/2016	, if other than th
Effective date if applicable: (no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requirements, this date will of State's records.	not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	
There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were	
Dated 7 620		
Signature	ce chahrman of the board, president or other officer-if directors	
have not been selected	d, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	
Gr	(Typed or printed name of person signing)	
_Exec	utive Drector (Title of person signing)	