## N16000007709

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Cross Our Hearts Foundation Inc  NAME OF CORPORATION:	
N16000007709  DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kevin W Isaacs Sr	
(Name of Contact Person)	
Cross Our Hearts Foundation	
(Firm/ Company)	
142 Windtree Lanc	
(Address)	
Winter Garden, FL 34787	
(City/ State and Zip Code)	
theycrossourhearts@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kevin W Isaacs Sr 954 612-9997 at	
(Name of Contact Person) (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 & Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  ☐ \$52.50 Filing Fee & Certificate of Status  Certified Copy (Additional Copy is Enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment Section	

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Cross Our Hearts Foundation Inc		
(Name of Corporation as currently filed with the Flori	da Dept. of State)	
N16000007709		
(Document No	umber of Corporation (if ki	nown)
Pursuant to the provisions of section 617,1006, Florida St amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corporate	oration:	
Cross Our Hearts Inc		The new
name must be distinguishable and contain the word "corp. "Company" or "Co." may not be used in the name.	ooration" or "incorporated	l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, ice address:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(FI	orida street address)
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I as	m familiar with and accept	<u> </u>
	Signature of New Regist	erea Agent. 11 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         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	Screfang	Tiffory Stevenson	112 Windfree Lane Winter Garden, 5:3-178
Remove			<u> </u>
2) Change Add	<u> </u>		
Remove 3) Remove		<del> </del>	
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			<del></del>
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
(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 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					
	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)					
	Kerin W. Isaacs R					
	(Typed or printed name of person signing)					
	TRE SI NEW T (Title of person signing)					