N16000011383

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IALLAHASSEE, FLORIDA

JUN 2 7 2022 S. PRATHEF

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

The Sugar L NAME OF CORPORATION:	ove Foundation Inc.		
N16000011383 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning t	his matter to the followin	g:	
Jessica T. White, M.S			
	(Name of Contac	et Person)	
Sexual Explotation and Abuse Child Protection	on Agency, LLC.		
	(Firm/ Com	pany)	
111 NE 17th Ct			
	(Address	s)	
Boynton Beach, Fl. 33435			
	(City/ State and 2	Zip Code)	
info@mychildprotection.com			
E-mail address: (to	be used for future annua	l report notificati	on)
For further information concerning this matter	r, please call:		
Jessica T. White , M.S		561 at	727-7605
(Name of Contact	t Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Flor	ida Department (of State:
□ \$35 Filing Fee ■\$43.75 Filing Certificate of		py is Cert Cert (Add	50 Filing Fee ificate of Status ified Copy ditional Copy is losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sec Division of Cor The Centre of	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

FILED

Articles of Amendment to Articles of Incorporation of

	of	
The Sugar Love Foundation Inc.		<u> </u>
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N16000011383		met Tet
(Document Numb	per of Corporation (if known)	
(Document Numb Pursuant to the provisions of section 617.1006, Florida Statuta amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Pro</i>	fit Corporation adopts the followin
A. If amending name, enter the new name of the corporat	tion:	
My Child Protection Foundation Inc.		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or t	he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	700 S Rosemary Ave	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Suite 204	
	West Palm Beach, FL 3340	l
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 NE 17th Ct	
	Boynton Beach	
	Florida 33435	
D. If amending the registered agent and/or registered offi-		the name of the
<u>Name of New Registered Agent:</u> There is n	no new registred agent	
New Registered Office Address:	(Florida s	reet address)
N/A		N/A
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		oligations of the position.
	NP	
Si	gnature of New Registered A	gent, if 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	iones / / / /	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add		·	
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	· 		
Remove			
E. If amending or addir (attach additional shee		ticles, enter change(s) here: (Be specific)	
Please review attached do	ocument		

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		.			
					
					
					
					
The date of each amendment(s) ac	3/1/2022				
date this document was signed.	10h110u:		·-··	. 11	_, if other than the
6/1/2	2022				
Effective date if applicable: (1712)	(no more that	n 90 days after amei	ndment file date)	·	
Note: If the date inserted in this blo	ock does not meet th	e applicable statutor			be listed as the
document's effective date on the De	partment of State's	records.			
Adoption of Amendment(s)	(CHECK O	<u>NE</u>)			
The amendment(s) was/were ac was/were sufficient for approva	dopted by the memb il.	ers and the number	of votes east for	the amendment(s)	

Dated Signature (By the charman or vectorisman of the board, president or other officer-if directors have not been selected by attincorporator – if in the hands of a receiver, trustee, or other pourt appointed fiduciary by that fiduciary) Jessica T. White, M.S
(Typed or printed name of person signing) CEO/ President

(Title of person signing)

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