70004637 (Requestor's Name) (Address) 200306693432 (Address) (City/State/Zip/Phone #)

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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Orphan to Heir Inc.
DOCUMENT NUMBER: <u>EIN 82-1470480</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Wayer (Name of Contact Person)
(Name of Contact Person)
Orphan to Heir, Inc. (Firm/Company)
(Firm/ Company)
LeIDI Staff Rd
(Address)
<u>Crestview</u> , FL 32536 (City/State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

Jennifer Wayer at 850 902 - 0057 (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:

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\$35 Filing Fee \$\$43.75 Filing Fee \$\$43.75 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

	rticles of Amendment			
·	to tieles of lanearestica			
АГ	ticles of Incorporation of			
Orphan to Heir	Inc			
(Name of Corporation as cu	rrently filed with the F	orida Dept. of State)		
NMDDDDD4631)			
(Document N	lumber of Corporation (i	known)		
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	latutes, this Florida Not	For Profit Corporation add	opts the follo	wing
A. If amending name, enter the new name of the corp	oratioa:			
			The	' new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorpora	ted" or the abbreviation "(
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>)	<u></u>			
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
D. If amending the registered agent and/or registered	office address in Florid	a. enter the name of the		
new registered agent and/or the new registered off		and outer the maine of the		ĔĊ
Name of New Registered Agent:				20
<u></u>		······		3=
		(Florida street address)		<u>.</u>
<u>New Registered Office Address</u> :			ç	60
		, Florida _		
	(City)	(Zip Ce	ode)	

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

۰. •

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add		<u>Doe</u> Jones Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
1) Change Add Remove	_V	Sarah Wayer	6/01 Staff Rd Crestuiew FL 32536
2) Change Add			
Remove 3) Change Add		<u> </u>	
Remove 4) Change Add			
Remove 5) Change Add			
6) Remove			
Remove		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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<u>-</u>			
			
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The date of each amendment(s) adoption: _____ /2/11/17______, if other than the date this document was signed.

Effective date if applicable:

(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.

12/11/17 Dated e <u>Henniful</u> <u>Days</u> <u>Priside</u> (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 risident Signature

other court appointed fiduciary by that fiduciary)

Jennifer Wayer (Typed or plinted name of person signing) President

(Title of person signing)