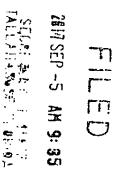
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	EACH, INC.
DOCUMENT NUMBER: N17000007273	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	natter to the following:
Dawn Elmore	
	(Name of Contact Person)
New Dawn Outreach	
	(Firm/ Company)
4306 Eagle Landing Pkwy	
	(Address)
Orange Park, FL 32065	
	(City/ State and Zip Code)
elmore5610@comcast.net	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ase call:
Dawn Elmore	904 536-4801 at
(Name of Contact Pe	son) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
□ \$35 Filing Fee ■\$43.75 Filing Fee Certificate of Sta	& D\$43.75 Filing Fee & D\$52.50 Filing Fee us Certified Copy Certificate of Status (Additional copy is enclosed) (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

B.E.L.L. OUTREACH, Inc.

(Name of Corporati	on <u>as curre</u> n	tly filed wit	h the Florida Dept. of State)		
N17000007273					
(Due	umant Viumb	we at Carmar	ation (if known)		,
(1500	lunent Nuna.	er or Corpor	ation (11 Knowii)		
Pursuant to the provisions of section 617.1006. Eamendment(s) to its Articles of Incorporation:	lorida Statute	es, this <i>Florid</i>	da Not For Profit Corporation	adopts the	following
A. If amending name, enter the new name of t	 <u>he corporat</u>	ion:			
NEW DAWN OUTREACH, INC.					771
name must be distinguishable and contain the wo "Company" or "Co." may not be used in the na		tion" or "inc	orporated" or the abbreviation	"Corp."	_The new or "Inc."
B. Enter new principal office address, if appli		N/A			
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)			
C. Enter new mailing address, if applicable:		N/A		- Ten	22
(Mailing address <u>MAY BE A POST OFFI</u> C	E BOX)		<u></u>	<u> </u>	<u> </u>
				11.64 PM	SET
	 -				
				3,20	
D. If amonding the projection of a control of				***	
D. If amending the registered agent and/or re- new registered agent and/or the new regist	ered office a	ddress ir	i Florida, enter the name of th	ښ. <u>ك</u> 1 چېس	مِي
the new region	N/A			子 二二二	car Car
Name of New Registered Agent				Y03 (*** ≥**	
			(Florida street address)		
New Registered Office Addres.	[] <u>\$</u> :				
	N/A		*** ***		
	li	(Civ)	, Florid: /Zin	a <u> </u>	
		1 41400	(1.1)	Civil 7	
New Registered Agent's Signature, if changing	Registered	Agent:			
I hereby accept the appointment as registered ago	int. Lam fai	miliar with a	nd accept the obligations of the	position.	
	Sı	gnature of N	lew Registered Agent, if changin	g	

address of each Officer (Attach additional sheets.	and/or D if necess	oirector being' (ary)	
Please note the officer/dir	rector titl	e by the first le	tter of the office title:
P = Fresident; V = Vice F Executive Officer; CFO = held. President, Treasure.	= Chief F	inancial Office	; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief r. If an officer/director holds more than one title, list the first letter of each office D.
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the co	orporation, Sal	e. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is ly Smith is named the V and S. These should be noted as John Doe, PT as a Change, an Add.
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Narr</u>	<u>e</u> <u>Addres</u> s
1) Change		<u>N/A</u>	
Add			
Remove			
2) Change		- N/A	
Add			
Remove			
3) Change		- N/A	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u>N/A</u>	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

Page 2 of 4

E. If amending or adding additional Articles, (attach additional sheets, if necessary). (Be	 enter change(s) here:
(attach additional sheets, if necessary). (Be	'specific)
N/A	
17/1	
- .	
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71.		, 	Augu Augu	ust 30, 2017	_, if other than the
	date of each amen this document was:		. [_, ii otilei dian die
Effe	ctive date <u>if applic</u>	able:	August 30, 2017		
			(no nto	re than 90 days after amendment file date)	
			nis block does not m he Department of \$1 tl	neet the applicable statutory filing requirements, this date will not bate's records.	e listed as the
Ado	ption of Amendme	nt(s)	(<u>CHE</u>	CK ONE)	
	The amendment(s) was/were sufficient			members and the number of votes cast for the amendment(s)	
	There are no membadopted by the boa			vote on the amendment(s). The amendment(s) was/were	
	Dated	Augus	st 30, 2017	 	
	Signature	16	ain Slau	re.	_
		have n	not been selected, by	hairman of the board, president or other officer-if directors y an incorporator – if in the hands of a receiver, trustee, or liciary by that fiduciary)	
		Da	wn Elmore		
				(Typed or printed name of person signing)	
		Pre	sident/CEO		
		_		(Title of person signing)	
				 	