NMOCOONICS

| (Requestor's Name) | | |
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| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
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COVER LETTER

TO: Amendment Section
Division of Corporations

| GLOBAL CHILDF | REN'S RESCUE, IN | C | | |
|--|-------------------------|--|---|-------------------|
| N17000007968 DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment and fee are sub | | | | |
| Please return all correspondence concerning this matt | ter to the following: | | , | |
| | JUSTIN L. PAY | TON | | |
| | (Name of Contact Po | erson) | | |
| GL | OBAL CHILDREN'S | RESCUE, IN | c _l | |
| | (Firm/ Company | y) | | |
| | 937 SW 18TH | ST | | |
| | (Address) | | | |
| | FORT LAUDER | DALE, FL 333 | 15 | |
| | (City/ State and Zip | Code) | | |
| JUSTIN | I@GLOBALCHILDR | RENSRESCUE | ORG i | |
| E-mail address: (to be use | d for future annual rep | oort notification |) | |
| For further information concerning this matter, please | e call: | | | |
| JUSTIN L. PAYTON | at | 612 | 619-659 | 3 |
| (Name of Contact Person | n) | (Area Code) | (Daytime | Telephone Number) |
| Enclosed is a check for the following amount made p | ayable to the Florida I | Department of S | tate: | |
| ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status | | Certifi is Certifi | Filing Fee cate of Stated Copy lonal Copy sed) | us |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | An Di Cli 26 | reet Address mendment Section vision of Corpo- ition Building 61 Executive Co- llahassee, FL 31 | rations enter Circle | |

FILED

Articles of Amendment to Articles of Incorporation of

GLOBAL CHILDREN'S RESCUE, INC.

| 920 | BALL OF MEDICELLO MEDICOL, MIC | |
|--|---|------------------------------------|
| (Name of Corporation a | s currently filed with the Florida De | pt. of State) |
| | N17000007968 | |
| (Docume | nt Number of Corporation (if known) | |
| Pursuant to the provisions of section 617,1006, Floric mendment(s) to its Articles of Incorporation: | da Statutes, this Florida Not For Profi | t Corporation adopts the following |
| A. If amending name, enter the new name of the c | orporation: | |
| N/A | | 1 The new |
| name must be distinguishable and contain the word ' 'Company" or "Co." may not be used in the name. | 'corporation" or "incorporated" or th | |
| 3. Enter new principal office address, if applicable | 937 SW 18TH ST | |
| Principal office address <u>MUST BE A STREET AD</u> | | . 33315 |
| | | ¥5. 0 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | 937 SW 18TH ST | AHASS |
| | FORT LAUDERDALE, FL | . 33315 |
| | ····· | |
| | - | |
| If amending the registered agent and/or registered new registered agent and/or the new registered. | | the name of the |
| | IUSTIN L. PAYTON | |
| | 937 SW 18TH ST | |
| | (Florida sti | reci address) |
| • | FORT LAUDERDALE | . Florida |
| - | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Re | gistered Agent: | |
| hereby accept the appointment as registered agent. | | ligations of the position. |
| | //_1/ | |
| | Signature of New Registered A | gent, if changing |
| | | ı |

Page 1 of 4

| P = President; V= Vic Executive Officer; CF held, President, Treas Changes should be no | Adirector title by se President; T= O = Chief Finan urer, Director we ted in the followi | the first letter of the office title: Treasurer; S≈ Secretary; D= Director; The cial Officer. If an officer/director holds mould be PTD. ing manner. Currently John Doe is listed a | R= Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is |
|--|--|--|--|
| a change, Mike Jones Mike Jones, V as Rem | | | These should be noted as John Doe, PT as a Change, |
| Example: \underline{X} Change \underline{X} Remove \underline{X} Add | <u>V</u> <u>Mi</u> | nn <u>Doe</u> ke Jones lly Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| X Change | PTD | JOHN A. RODE | 600 NW 76TH TER |
| Add | | | PLANTATION, FL 33324 |
| Remove 2) X Change | VD | CHRISTINE A. GILLMAN | 5997 NW 56TH PL |
| Add | | | TAMARAC, FL 33319 |
| Remove | | | |
| 3) Change | | | |
| Remove | | | : |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| Change Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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:

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | |
|---|---------------------------------------|
| (and in administration, by necessary).— The specifics | i i |
| N/A | |
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| ₄ N/A | | |
|---|--|---------------------|
| he date of each amendment(s) adoption: | | , if other than the |
| ate this document was signed. | | |
| 01/03/2018 | | |
| Effective date if applicable: | | |
| (no more than 90 c | days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicument's effective date on the Department of State's record | | e listed as the |
| Adoption of Amendment(s) (CHECK ONE) | | |
| The amendment(s) was/were adopted by the members at was/were sufficient for approval. | and the number of votes east for the amendment(s) | |
| There are no members or members entitled to vote on the adopted by the board of directors. | e amendment(s). The amendment(s) was/were | |
| Dated 01/03/2018 | | |
| Signature | 7/5 | |
| (By the chairman of vice chairman of | the board, president or other officer-if directors opator – if in the hands of a receiver, trustee, or at fiduciary) | _ |
| | JUSTIN L. PAYTON | |
| (Typed or | r printed name of person signing) | |
| ı | DIRECTOR & SECRETARY | |
| · | (Title of person signing) | |