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R. WHITE. MAR 2 2 2019





COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: HELPING HANGE as SUSA, Fre. DOCUMENT NUMBER: N 180000000000
DOCUMENT NUMBER: 18000000000000000000000000000000000000
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CATHLENE MINEY (Name of Contact Person)
(Name of Contact Person)
HELPING HANDBORGS USA, Inc.
225 Atlantis Circle # 204 A.
(Address)
ST. August, NE, FL 32080 (City/ State and Zip Code)
(City/ State and Zip Code)
Brendanminer O act. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at 336-391-1367 (Area Code) (Daytime Telephone Number)
(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
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation orporation as currently filed with the Florida Dept. (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Hope FULL HAND bass USA, Inc. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: Florida (Citv) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Nignature of New Registered Agent, 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	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Debbie Miele	2505 Dierwood Liter 57. Augustive, Fe
Add Remove			32084
2) Change	D	Brenda Dengs-y	265A Fintre Road
Add Remove			265 A FINTRE Road Epson Sulley KT 17 3LF Englished, UK
3) Change			England, UK
Add / Remove			
4) hange			
Add			
5) Change			
6)Change			
Add			
Remove		Page 2 of 4	

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	e date of each amendment(s) adoption: $3/0/9$, if other than the e this document was signed.
effe	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tument's effective date on the Department of State's records.
Ado	option 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 3/10/8019
	Dated 3/10/2019 Signature athlew M Marker
	(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)
	CATHLENE Miner
	(Typed or printed name of person signing)
	President

(Title of person signing)