## NZO 0000 11523

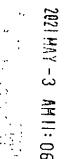
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

HUMAN TRAFFI NAME OF CORPORATION:	CKING PROJECT IN	C.	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
MATHEW HAZAN			
	(Name of Contact P	erson)	
HUNTER CHASE, P.A.	·	,	
	(Firm/ Compan	y)	
PO BOX 7567			
	(Address)		
GARDEN CITY, NY 11530			
	(City/ State and Zip	Code)	· · · · · · · · · · · · · · · · · · ·
support@htproject.org			
E-mail address: (to be use	ed for future annual re	port notification	n)
For further information concerning this matter, pleas	se call:		
MATHEW HAZAN	at	516	960-3122
(Name of Contact Perso			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	_	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section	An	reet Address nendment Secti	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

HUMAN TRAFFICKING PROJECT INC.

(Name of Corporation as currently filed with the Florid	a Dept. of State)	
N20000011523		
(Document Nu	nber of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Stal amendment(s) to its Articles of Incorporation:	utes, this Florida Not For P	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
N/A		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the nume.	ration" or "incorporated" c	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRES</u>	(S)	. 10
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u>΄</u> ω
	<del></del> .	M 11: 06
<ol> <li>If amending the registered agent and/or registered of new registered agent and/or the new registered office</li> </ol>		ter the name of the
Name of New Registered Agent:		
Sumy of New Registered Agent.		· · · · · · · · · · · · · · · · · · ·
	(Florida	ı street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere		
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

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	DIR	TAXES FOR A CAUSE INC	7901 4TH ST N ST. PETERSERG, FL 33702
<ul> <li>Remove</li> <li>Change</li> <li>Add</li> </ul>	DIR	IMRAN ALI	PO BOX 555 ROCKVILLE CTR, NY 11571
Remove  3 ) Remove  Add  X Remove	VP	STEPHAINE MAXWELL	1108-250 CONSUMERS ROAD # NORTH YORK, ON M2J4V6 CA
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addit (attach additional shee		icles, enter change(s) here: (Be specific)	
N/A	-		

77711		
		·
The date of each amendment(s) add date this document was signed.	option:	, if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements artment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
04-27-2021 Dated
Signature MAC 199
(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)
MATHEW HAZAN
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)