## N23000000043

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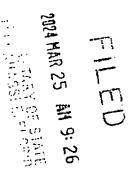
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A. RAMSEY APR 18 2004

## COVER LETTER

TO: Amendment Section Division of Corporations

Center For Perpetual NAME OF CORPORATION:	Assistance	- <del></del>	
N23000000043 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subt			
Please return all correspondence concerning this matte	er to the following:		
Mary Huston			
	(Name of Contact Pe	rson)	
Center For Perpetual Assistance			
	(Firm: Company	)	
8677 Southern Glen Drive			
	(Address)	<del> </del>	
Jacksonville FL 32256			
	(City State and Zip C	'ode)	
mtliai@bellsouth.net			
E-mail address: (to be used	for future annual rep	ort notification	<del>1</del> 1
For further information concerning this matter, please	call:		
Mary Huston		904	885-9959
(Name of Contact Person	at	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	iyable to the Florida I	Department of	State:
■ \$35 Filing Fee	-	Certifi Certifi	icate of Status ied Copy iional Copy is
Mailing Address Amendment Section Division of Corporations	Am	eet Address lendment Secti ision of Corpe	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

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(Name of Corporation as currently filed with the Flori	FUR PERPETUA	L HOSISTANCE LI
		وہ (
<u>N 2 :</u>	SOOODOY umber of Corporation (if known)	Ś
(Document N	umber of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 617,1006, Florida St amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For Pro</i> g	fit Corporation adopts five following
A. If amending name, enter the new name of the corp	oration:	
n/a		The residual section of the section
name must be distinguishable and contain the word "corp". "Company" or "Co." may not be used in the name.	voration" or "incorporated" or i	he abbreviation "Corp." on The
B. Enter new principal office address, if applicable:	n a	
(Principal office address <u>MUST BE A STREET ADDR</u> )	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n'a	
	•	
D. If amending the registered agent and/or registered		the name of the
new registered agent and/or the new registered off	<u>ice address:</u>	
Name of New Registered Agent:		
	rFlorala x	Heet address)
<u>New Registered Office Address:</u>		
n/a		. Ftorida
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. Ta.	ered Agent: m familiar with and accept the of	bligations of the position.
	Signature of Vana Passint and 1	Lame if alconomic
	<ul> <li>Signature of New Registered :</li> </ul>	igent, a 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 = Trusice; C = Charman or Clerk; CEO = ChiefExecutive 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 Do           V         Mike Je           SV         Sally Si	<u>mes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add	<del></del>	<del></del>	
Remove			
4) Change Add			
Remove 51ChangeAdd			
Remove 6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) bere: (Be specific)	
Said organization is organ	nized exclusively	for chartitable, religious.	-
educational, and scientific	e purposes, includ	ing, for such purposes, the making of distribut	ions to organizations that qualify
as exempt organizations of	lescribed under Se	rction 501(c)(3) of the Internal Revenue Code	or corresponding section of
any future federal tax cod	¢.		
Upon the dissolution of the		sets shall be distributed for one or more exem	

## the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose The date of each amendment(s) adoption: 03/07/24 \_\_\_\_\_, if other than the date this document was signed.

<u>Note:</u> 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.

(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

Effective date if applicable:

The amendment(s) was were adopted by the members and the number of votes east 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 03/07/24				
	Signature				
	MARY THUSTEI) (Typed or printed name of person signing)				
	Title of person signing)				