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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Crisis Relief Network, Inc.

DOCUMENT NUMBER: N93000004576

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kirk Sherwood

(Name of Contact Person)

Crisis Relief Network

(Firm/ Company)

PO Box 691782

(Address)

Orlando, FL 32869

(City/ State and Zip Code)

dwood@crisisreliefnetwork.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kirk Sherwood

972-955-7095

at

(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:

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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

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(attach additional sheets, if necessary). (Be specific)

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July 1, 2017

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: 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.

Adoption 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 June 30, 2017 _____

Signature  _____

(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)

Donald Wood

(Typed or printed name of person signing)

CEO

(Title of person signing)