

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Angel's Helping Hand
Foundation, Inc.

C.C. FEE. DISBURSED

Capital ExpressSM _____
Art. of Inc. File _____
Corp. Record Search _____
Ltd. Partnership File _____
Foreign Corp. File _____
☒ Cert. Copy(s) _____

☒ Art. of Amend. File _____
Dissolution/Withdrawal _____
C U S- _____
Fictitious Name File _____

Name Reservation _____
Annual Report/Reinstatement _____
Reg. Agent Service _____
Document Filing _____

Corporate Kit _____
Vehicle Search _____
Driving Record _____
Document Retrieval _____

UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
File No.'s, _____ Copies _____
Courier Service _____
Shipping/Handling _____
Phone () _____
Top Priority _____
Express Mail Prep. _____
FAX () _____ pgs. _____

SUBTOTALS _____

FEE..... \$

DISBURSED..... \$

SURCHARGE..... \$

TAX on corporate supplies..... \$

SUBTOTAL..... \$

PREPAID..... \$

BALANCE DUE..... \$

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY AND _____

WALK-IN Will Pick Up 12-11 2-300

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

RECEIVED
97 FEB 10 10 59:49
DIVISION OF CORPORATION

January 24, 1997

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: ANGEL'S HELPING HAND FOUNDATION, INC.
Ref. Number: N96000003841

We have received your document for ANGEL'S HELPING HAND FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE USE THE FORMAT FOR A NONPROFIT AMENDMENT AS STATED IN THE ATTACHED FORMS. AN "INCORPORATOR" MAY NOT AMEND A NONPROFIT CORPORATION. THERE SHOULD BE NO MENTION OF SHARES OR SHAREHOLDER.

If there are MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are NO MEMBERS OR MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 497-8880.

Karen Gibson
Corporate Specialist

Letter Number: 997A00003703



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 11, 1996

CAPITAL CONNECTION, INC.

TALLAHASSEE, FL 32301

SUBJECT: ANGEL'S HELPING HAND FOUNDATION, INC.
Ref. Number: N96000003841

Corrected

* We have received your document for ANGEL'S HELPING HAND FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

The word "initial" or "first" should be removed from the article regarding directors, officers, and/or registered agent, unless these are the individuals originally designated at the time of incorporation.

Please correct your document to reflect that it is filed pursuant to the correct statute number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6880.

Karen Gibson
Corporate Specialist

Letter Number: 496A00055395

CORRECTED

RECEIVED
97 JAN 24 AM 10:23
DIVISION OF CORPORATION

CORRECTED ARTICLES OF AMENDMENT

Pursuant to Section 617.01201, Florida Statutes, the undersigned nonprofit corporation adopts the following articles of amendment to its articles of incorporation:

1. The name of the corporation before amendment:
ANGEL'S HELPING HAND FOUNDATION, INC.
2. The name of the corporation after amendment:
AN ANGEL'S HELPING HAND FOUNDATION, INC.
3. The text of each amendment as adopted is amended to read as follows:

ARTICLE I. CORPORATE NAME AND ADDRESS

The name of this corporations is AN ANGEL'S HELPING HAND FOUNDATION, INC. and the business address is 1057 Maitland Center Commons, Maitland, Florida 32751-4337 and the mailing address is 1057 Maitland Center Commons, Maitland, Florida 32751-4337.

ARTICLE IV. REGISTERED AGENT AND REGISTERED OFFICE

The registered agent and the street address of the Registered Office of this corporation in the State of Florida is:

Daniel A. Bolton
1057 Maitland Center Commons
Maitland, Florida 32751-4337

The Board of Directors from time to time may change the Registered Agent and may move the Registered Office to any other address in the State of Florida.

4. No amendment hereunder provides of an exchange, reclassification, or cancellation of issued shares.

5. The date of adoption of each amendment was:

November 1, 1996.

6. Each amendment was adopted by:

XX The board of directors. There are no members or members entitled to vote on the amendment.

FILED
FEB 10 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
An Angel's Helping Hand
Foundation, Inc.
Page 2

~~XX~~
~~XXXXXX~~. Not applicable.

~~XX~~

~~Only one copy of this document is to be filed with~~
~~the Department of State, 607, 1001, Florida Statutes~~
~~XXXXXX~~. Not applicable.

7. These amendments will be effective upon filing.

Date: December 3, 1996.

AN ANGEL'S HELPING HAND FOUNDATION, INC.
F/K/A ANGEL'S HELPING HAND FOUNDATION, INC.

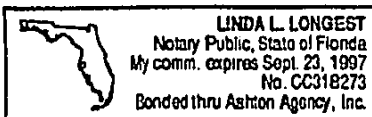
Daniel A. Bolton
(Officer's Name & Title)

DANIEL A. BOLTON
President ANGEL'S HELPING HAND FOUNDATION, INC.

STATE OF FLORIDA
COUNTY OF ORANGE

Before me personally appeared DANIEL A. BOLTON, this 3rd
day of DECEMBER, 1996 and he is, (X) to me well
known OR () who produced _____
as identification known to me to be the individual described in
and who executed the foregoing Articles of Amendment and
acknowledged before me that he made, subscribed and acknowledged
the foregoing Articles of Amendment as their voluntary act and
deed, and the facts set forth therein are true and correct.

WITNESS my hand and official seal this 3rd day of
DECEMBER, 1996.



Linda L. Longest
NOTARY PUBLIC, State of Florida
at Large

(Affix Seal)

My Commission Expires: 9-23-97