

N97000003266

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(Address)

(City/State/Zip/Phone #)

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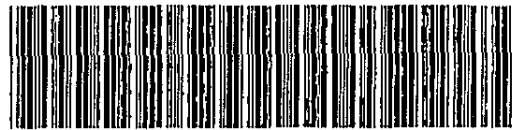
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AL  
News  
10-29-08

**SPIRIT OF GIVING NETWORK, INC.**

C/O CHRISTOPHER ROOT, PRESIDENT  
951 YAMATO ROAD SUITE 200W  
BOCA RATON, FL 33431  
KIND phone: (561) 385-0144

April 21, 2009

Attention: Ms. Thelma Lewis  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Amendment to Articles of Incorporation for Florida Not for Profit Corporation  
Document Number N97000003266

Dear Ms. Lewis,

As discussed with my associate, Ms. Norma DeOto, enclosed is a corrected Amendment to Articles of Incorporation changing this not-for-profit corporation from KIND Program, Inc. to Spirit of Giving Network, Inc.

I understand there is no fee for this correction. If you have any questions regarding this matter, please contact me at 561-392-7929.

Thank you for your assistance.

Sincerely,



Christopher L. Root  
President

Enclosure

Articles of Amendment  
to  
Articles of Incorporation  
of

KIND PROGRAM, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N97000003266

(Document Number of Corporation (if known))

**FILED**  
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TALLAHASSEE, FLORIDA

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:**

SPIRIT OF GIVING NETWORK, 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 street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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.*

\_\_\_\_\_  
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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

[illegible]


The date of each amendment(s) adoption: OCTOBER 21, 2008

Effective date if applicable: OCTOBER 1, 2008  
(no more than 90 days after amendment file date)

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 APRIL 21, 2009

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)

CHRISTOPHER L. ROOT  
(Typed or printed name of person signing)

BOARD PRESIDENT  
(Title of person signing)