N9900003881

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Document Number)
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	0.4% 10.4
Special Instructions to Filing Officer:	Certified Copies Certificates or Status
Special Instructions to Filing Officer:	
Special mended of image of income	Special Instructions to Filing Officer
	oposiai monacione to i iimig omocii.





000144569820

02/27/09--01007--014 **35.00

2009 FEB 27 PM 12: 06
SECRETARY OF STATE

TICTU

Amend

3/3/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Peace of M	ind Endowment Foundation, Inc
DOCUMENT NUMBER: N990000	0 388/
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
Marlene Wienhol	ontact Person)
Peace of Mind Endou	Oment Foundation, Inc.
7201 17th Way No	orth dress)
St. Petersburg FL	3370Z and Zip Code)
For further information concerning this matter, ple	ase call:
Marlene Wienhold (Name of Contact Person)	at (727) 528 - 4270 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made	
▼\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

Articles of Amendment

Articles of Incorporation of

Poace of mind E	in frommo	ut Frunda	ition Inc.
(Name of Corporation as cur	rently filed with t	he Florida Dept. of S	tate)
N990000388	I		
	umber of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of	6, Florida Statutes,	,	Profit Corporation adopts
A. If amending name, enter the new name	of the corporation	<u>ı:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			corporated" or the
B. Enter new principal office address, if an (Principal office address MUST BE A STRE			<u></u>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			TINGFEB 27
		N/,	4 PARIS OF PARIS OF
D. If amending the registered agent and/or new registered agent and/or the new reg			nter the name of the
Name of New Registered Agent:		N/A	_
New Registered Office Address:	(Florid	da street address)	
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered position.			ept the obligations of the
	_	N/A Registered Agent, if ch	
	Signature of New	Registered Agent, if ch	anging

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)

Title Address Type of Action Name Margarete Coleman 1780 70th Circle N Add St. Peters burg Remove FL 33702 Remove Norman J. Wienhold 1721 Grandview Rd Remove Remove SD E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment	t(s) adoption: 2/23/09
Effective date if applicable:	2/23/09
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
DatedSignature	2/23/09 Sarlene Whinhold
hav	the chairman or vice chairman of the board, president or other officer-if directors be not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Marlene Wienhold (Typed or printed name of person signing)
	PCED
	(Title of person signing)