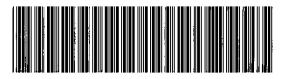
P07000012170

. (Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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N.C.

C.COULLIETTE

SEP 09 2010

EXAMINER

COVER LETTER

• **TO:** Amendment Section Division of Corporations

1

NAME OF CORPO	RATION:	Miracles Adoption Age	ency, Inc.		
DOCUMENT NUM	TUMBER: P07000012170				
The enclosed Articles	s of Amendment and fee a	are submitted for filing.			
Please return all corre	espondence concerning th	is matter to the following:			
		Michele Barr			
	Ŋ	Name of Contact Person			
	Miracle	s Adoption Agency, Inc.			
		Firm/ Company			
	105 NW 33rd Court, Suite A				
		Address			
	Ga	inesville, FL 32607			
	C	ity/ State and Zip Code			
	E-mail address: (to be use	adoption@aol.com d for future annual report notificat	ion)		
For further information	on concerning this matter,	please call:			
M	ichele Barr	at (352)	374-7977		
Name of	Contact Person	Area Code & Daytin	ne Telephone Number		
Enclosed is a check f	or the following amount n	nade payable to the Florida D	Department of State:		
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclo	Sed) \$52.50 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 Corporation Clifton Building 2661 Executive Center			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Miracles Adopt	tion Agency, Inc.	•	_
(Name of Corporation as currently	y filed with the Florid	la Dept. of State)	
P07000	0012170		
(Document Number	of Corporation (if kno	own)	-
Pursuant to the provisions of section 607.1006, Flamendment(s) to its Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corporat	ion adopts the following
A. If amending name, enter the new name of the	corporation:		
A Turning Point A	doption Center, In-	C.	The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the desiname must contain the word "chartered," "professi	ignation "Corp," "Inc	c," or "Co". A profes	ssional corporation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A			
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered 	stered office address i	in Florida, enter the na	SECRETARY OF STAIL VISION OF CORPORATIONS 10 SEP -7 PM 12: 22 the of the mean of the mea
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	address)	
		, Florid	la
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent Signa			ons of the position. –

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>ion</u>
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The date of each amendmen	t(s) adoption: <u>8/1/10</u>
Effective date if applicable:	9/3/10 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Signature (By sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Michele B. Barr
	(Typed or printed name of person signing)
	President
	(Title of person signing)