P08000013791

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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Merina Neuri 2-9-09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Beneal	4 His Wings	Company
DOCUMENT NUMBER: PO 80000) 13791	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Sherman Jose (Name o	g ph f Contact Person)	
Beneath His	Wings m/Company)	
P.O Box 1420	(Address)	
Cainesville; (City/St	FC 72608 ate and Zip Code)	
For further information concerning this matter,	please call:	
Sherman Joseph (Name of Contact Person)	at (<u>727</u>) <u>4/57</u> (Area Code & Daytime	8- 9044 e Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida De	partment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$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 Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2009

SHERMAN JOSEPH BENEATH HIS WINGS COMPANY P. O. BOX 142042 GAINESVILLE, FL 32614

SUBJECT: DESTINATION OF DIASPORA COMPANY

Ref. Number: P08000013791

We have received your document for DESTINATION OF DIASPORA COMPANY and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

In accordance with our telephone conversation, enclosed is the proper form Articles of Amendment.

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 (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 809A00002505

SECRETARY OF STATE ALL AND STATE

7009 FEB -6 AM 8: 00

BECEINED

Articles of Amendment to Articles of Incorporation

FILED
09 FEB -6 AM 10: 41
WITCHE TARY DE CO

	01
Destination of Dins	PONA Company MLLAHASSEE, FL
(Name of Corporation as currently fil	ed with the Florida Dept. of State)
P08000013791	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Flor following amendment(s) to its Articles of Incorporation	ida Statutes, this <i>Florida Profit Corporation</i> adopts the n:
A. If amending name, enter the new name of the co	rporation:
Beneath His What C	. Ombenil
The new name must be distinguishable and con "incorporated" or the abbreviation "Corp.," "Inc.," "Co". A professional corporation name must association," or the abbreviation "P.A."	or Co.," or the designation "Corp," "Inc," or contain the word "chartered," "professional
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	CAINESUILLE, FL 32608 DIO BOX 142042 GAINESUILLE, FL 32614
D. If amending the registered agent and/or register new registered agent and/or the new registered	ed office address in Florida, enter the name of the
	runga Joseph
New Registered Office Address:	(Florida street address)
C	(City) , Florida 32608 (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent position.	istered Agent: I am familiar with and accept the obligations of the
	and of New Pagistared Agant if changing
Signatus	raint New Registered Agent it changing

Page 1 of 3

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>	Address	Type of Action
			□ Add □ Remove
	-		□ Add □ Remove
(allach al	dditional sheets, if necessary). (Be	specific)	
provisi	mendment provides for an exchangons for implementing the amendment applicable, indicate N/A)		

The date of each amendment(s) adoption: 1/10/09
Effective data if applicables
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 1/10/09
Signature (By a director, preside the officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Sherman Joseph (Typed or printed name of person signing)
President
(Title of person signing)