P09000081849

(Rec	uestor's Name)	
(Add	Iress)	
(Ada	lress)	
(Add	11033)	
(City	/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
	— •••••	
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Octanica Copies	Commodics	or Otalos
Special Instructions to F	iling Officer:	
· · · · · · · · · · · · · · · · · · ·		





900163112449

12/21/09--01010--022 **35.00

O9 DEC 21 PM 1:20
SECRETARY OF STATE.

MERICA

Articles of Amendment to Articles of Incorporation

THE CORNERSTONE PROJECT

N	rently thed with the Florida Dept. of State)
(Document Nu	mber of Corporation (if known)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Florida Profit Corporation adopts the follo
A. If amending name, enter the new name	of the corporation:
	The new
abbreviation "Corp.," "Inc.," or Co.," or th	the word "corporation," "company," or "incorporated" or the e designation "Corp," "Inc," or "Co". A professional corporation of the abbreviation "P.A."
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, enter the name of the cistered office address:
Name of New Registered Agent:	CLERY.A.SYLVESTRE
	2063 62ND TERRACE SOUTH
New Registered Office Address:	(Florida street address)
	ST.PETERSBURG Florida 33712 (City) (Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent: agent. Jam 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) **Title** <u>Address</u> Type of Action **Name** ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	t(s) adoption: <u>12</u>	/17/2009
Effective date <u>if applicable</u> :	12/17/2009	(date of adoption is required)
	(no more than 90	0 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	ECK ONE)
The amendment(s) was/we by the shareholders was/we		shareholders. The number of votes cast for the amendment(s) approval.
		e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amend	dment(s) was/were sufficient for approval
by		
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the	board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the	incorporators without shareholder action and shareholder
Dated	12/17/09	7
sele		ent or other officer – if directors or officers have not been corator – if in the hands of a receiver, trustee, or other court by that fiduciary)
	<u>Cles</u>	ped or printed name of person signing)
	Re (Title of	25/Dent Inerson signing)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	THE CORNER STONE PROJECT
DOCUMENT NU	MBER:	po9000081849
The enclosed Artic	les of Amendment and 1	ee are submitted for filing.
Please return all co	rrespondence concernin	g this matter to the following:
		CLERY A SYLVESTRE
		Name of Contact Person
	THE	CORNER STONE PROJECT
		Firm/ Company
2063 62ND TERRACE SOUTH		3 62ND TERRACE SOUTH
		Address
	ST	PETERSBURG FL 33712
,		City/ State and Zip Code
	E-mail address: (to be	e used for future annual report notification)
For further informa	ation concerning this ma	tter, please call:
CLEF	RY A SYLVESTRE	at (<u>786</u>) <u>457-0937</u> Area Code & Daytime Telephone Number
Name	of Contact Person	Arca Code & Daytime Telephone Number
Enclosed is a check	for the following amou	nt made payable to the Florida Department of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Ac Amendmen Division of P.O. Box 60 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301