P12000032985

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T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

	•		
NAME OF CORPORATIO	N: Crowing Daughte	rs for Success Enrichme	ent Program Inc.
	P120000329		
The enclosed Articles of Am	endment and fee are su	bmitted for filing.	
Please return all corresponde	nce concerning this ma	tter to the following:	
Toi	ni Slones		
		Name of Contact Person	
Mic	hael Speck	and Associat	es, Inc.
		Firm/ Company	
19 ²	12 B Lee Ro	ad, Suite A-1	
		Address	
Orl	ando, FL 3	2810	
	<u> </u>	City/ State and Zip Cod	
A.a !	O l		
	eg@aol.com		200
r	-mail address: (to be us	sed for future annual report	notification)
For further information conc	erning this matter, pleas	se call:	
Toni Slones		407	521-8973
Name of Con	tact Person	at (at Co	de & Daytime Telephone Number
			•
Enclosed is a check for the fe	ollowing amount made	payable to the Florida Depa	artment 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 A	ddress	Street Address	
Amendmen		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
Tailahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Crowing Daughters for Success Enrichment Program Inc.

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

P12000032985	,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
(Document Number of Con	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Sta its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation of the corp	ration: ess Enrichment Program Inc.
name must be distinguishable and contain the word "c	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>
C. Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	
Signature of New R	egistered Agent, if changing

The date of each amendment(s) adoption: April 17, 2012 Effective date if applicable:			
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) fficient for approval.		
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):		
"The number of votex cast	for the amondment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
action was not required.	pted by the board of directors without shareholder action and shareholder		
Dated	4/17/ 12 228her King Denn		
(By a fi	rector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)		
	TaSheekia Perry		
•	(Typed or printed training of person signing)		
	President		
•	(Title of person signing)		