

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**ARTICLES OF AMENDMENT
NONPROFIT CORPORATION**

Read the Instructions C015i

1. **ENTITY NAME** – give the exact name of the corporation as currently shown in A.C.C. records:

Valley of the Sun Charity Foundation

2. **A.C.C. FILE NUMBER:** _____

Find A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. Date the attached amendment was adopted: June 20, 2018

4. Check 4.1 or 4.2, or both – also check 4.3 if applicable:

4.1 ☒ The Amendment was duly adopted by act of the Board of Directors.

4.2 ☐ The Amendment was duly adopted by act of the Members.

AND, if applicable:

4.3 ☐ The Amendment was approved by the person or persons required by the Articles of Incorporation.

5. A copy of the corporation's amendment must be attached to these Articles.

SIGNATURE: By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Phyllis Smaleen
Signature

Phyllis Smaleen
Printed Name

06/20/2018
Date (mm/dd/yyyy)

REQUIRED – check only one:

<input checked="" type="checkbox"/> I am the Chairman of the Board of Directors of the corporation filing this document.	<input type="checkbox"/> I am a duly authorized Officer of the corporation filing this document.	<input type="checkbox"/> I am a duly authorized bankruptcy trustee , receiver, or other court-appointed fiduciary for the corporation filing this document.
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Filing Fee: \$25.00 (regular processing)
Expedited processing – add \$35.00 to filing fee.
All fees are nonrefundable – see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

Valley of the Sun Charity Foundation
Is changing its name to Nothing is Greater
Than Love Foundation

Please change the address on all legal documents
to:

Nothing is Greater Than Love Foundation

AKA: N & T Love, ORG.

PO Box 60294

Phoenix AZ 85082

Phone: 480-442-3603

Please add Debra Sledge as Chairman of the Board

Address 1503 E Bowker St

Phoenix AZ 85040

Dhyllis Smaller
Debra E Sledge

July 18, 2018

To Whom It May Concern:

Valley of the Sun Charity Foundation change the name to Nothing is Greater Than Love Foundation.

The Mailing address is:

Nothing is Greater Than Love Foundation

P.O Box 60294

Phoenix, AZ 85082

Business address is:

Nothing is Greater Than Love Foundation

10432 E. Los Lagos Vista Ave.

Suite 111

Mesa, AZ 85209

Statutory Agent:

Debra Sledge

1503 E. Bowker St.

Phoenix, AZ 85040

Phyllis Smalens

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STATUTORY AGENT ACCEPTANCE*Please read Instructions M002i*

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

Nothing Is Greater Than Love Foundation

2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

Debra Sledge

3. **STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

Phyllis Smale
Signature

Debra Sledge

Printed Name

7/18/18

Date

REQUIRED – check only one:

<input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input checked="" type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.
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Filing Fee: none (regular processing)
Expedited processing – not applicable.
All fees are nonrefundable - see Instructions.

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1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

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