

NO2-000002511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

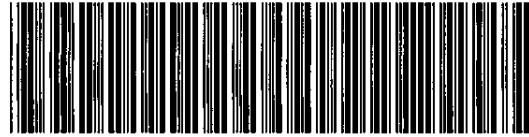
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 1 AM 8:28

FILED

OCT 13 2014
C. CARROTHERS



BAC Florida Bank

169 Miracle Mile, Suite 700
Coral Gables, Florida 33134
USA

T: 305-789-8079
F: 305-569-0688
apannella@bacflorida.com
www.bacflorida.com

Anna M. Pannella
Vice President
Assistant General Counsel

VIA FED EXPRESS

September 30, 2014

Department of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: The Burned Children Care Foundation, Inc.

To whom it may concern:

Enclosed please find Articles of Amendment to Articles of Incorporation for the above-named Corporation, together with Check No. 101869 in the amount of \$52.50 covering the filing fee and request for a certified copy and Certificate of Status. Kindly return the certified copy and the Certificate of Status in the self-addressed FED EX envelope to the address below:

BAC Florida Bank
Attn: Anna Maria Pannella, Esq.
169 Miracle Mile, R-10
Coral Gables, Florida 33134

Please do not hesitate to contact me at (305) 789-8079 if you have any questions.

Sincerely,

Anna M. Pannella
Assistant General Counsel

AMP/el
Enclosures (check and FED EX env.)



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Burned Children Care Foundation, Inc.

DOCUMENT NUMBER: N02000002511

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ruben Diaz, Jr.

(Name of Contact Person)

BAC Florida Bank

(Firm/ Company)

169 Miracle Mile, R-10

(Address)

Coral Gables, FL 33134

(City/ State and Zip Code)

rdiaz@bacflorida.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruben Diaz, Jr.

305

789-8047

at (_____) _____

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

The Burned Children Care Foundation, Inc.

FILED

OCT -1 AM 8:28

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

N02000002511

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

APROQUEN Inc.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

principal office unchanged

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

mailing address unchanged

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: registered agent unchanged

New Registered Office Address:

(Florida street address)

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am 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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
no change officers/directors			
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

no change other than change of name

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

October 1, 2014

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated Sept. 24 2014

Signature Vivian Pellas

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Vivian Pellas

(Typed or printed name of person signing)

Director and President

(Title of person signing)