

N08000008751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500252273775

10/07/13--01004--010 **35.00

RECEIVED BY MAIL
13 OCT -7 PM 5:00
FILED

Amend.

10/15/13

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE HERBERT KAY PARKINSON CHAPTER, INC.

DOCUMENT NUMBER: N08000008751

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

Please return all correspondence concerning this matter to the following:

MEGAN CONYERS/FAYE BERKOWITZ

(Name of Contact Person)

NATIONAL PARKINSON FOUNDATION

(Firm/ Company)

1501 NW 9TH AVE/BOB HOPE ROAD

(Address)

MIAMI, FL 33136

(City/ State and Zip Code)

MCONYERS@PARKINSON.ORG

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

For further information concerning this matter, please call:

FAYE BERKOWITZ

(Name of Contact Person)

305 466.6247

(Area Code & Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" 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 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 HERBERT KAY PARKINSON CHAPTER, INC.

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

N08000008751

(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:

_____ *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**)

C. Enter new mailing address, if applicable: _____
(Mailing address **MAY BE A POST OFFICE BOX**)

_____ P.O. BOX 802805
_____ MIAMI, FL 33280

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: _____

_____ (Florida street address)

New Registered Office Address:

_____, Florida

(City)

(Zip Code)

SECRETARY OF STATE
13 OCT - 7 PM 5:00
FILED

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>FAYE BERKOWITZ</u>	<u>19955 NE 29TH COURT, #1103</u> <u>AVENTURA, FL 33180</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>WILLIAM MARSA</u>	<u>19955 NE 29TH COURT, #1103</u> <u>AVENTURA, FL 33180</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>MILLARD CUMMINS</u>	<u>19955 NE 29TH COURT, #1103</u> <u>AVENTURA, FL 33180</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>HEBE LUBOWICZ</u>	<u>19955 NE 29TH COURT, #1103</u> <u>AVENTURA, FL 33180</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>BEVERLEE EDELL</u>	<u>20165 PONT0 VITA WAY #603</u> <u>AVENTURA, FL 33180</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>

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

Effective date if applicable: 9/11/2013
(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 1 OCT 2013

Signature 

(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)

FAYE BERKOWITZ
(Typed or printed name of person signing)

PRES
(Title of person signing)