

N11000004459

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Amend

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-28-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE SEEING STARS FOUNDATION INC.

DOCUMENT NUMBER: N11000004459

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

Please return all correspondence concerning this matter to the following:

Dr. Frank Conidi
(Name of Contact Person)

(Firm/ Company)

1288 NE Ocean Blvd.

(Address)

Stuart, FL 34996

(City/ State and Zip Code)

fxneuro@bellsouth.net

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

For further information concerning this matter, please call:

Dr. Frank Conidi at (772) 631-7631
(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:

- \$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 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 SEEING STARS FOUNDATION INC

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

N11000004459

(Document Number of Corporation (if known))

FILED
11 SEP 28 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

139 NE 1st Street, PH 22

Miami FL 33132

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

139 NE 1st Street, PH 22

Miami FL 33132

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:

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

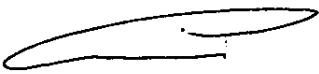
The date of each amendment(s) adoption: September 15, 2011

Effective date if applicable: September 26, 2011
(date of adoption is required)
(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 September 26, 2011

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)

Dr. Francis X Conidi
(Typed or printed name of person signing)

Director/Chair FXC
(Title of person signing)