

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Pertified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900371325879

2021 AUG 12 AM 9: 00

2021 AUG 12 PM 3: 08 RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850.656.7953

850-245-6051

REQUEST DATE 8/12/2021

PRIORITY Regular Approval

OUR REF_#_(Order_ID#)] 941139

ORDER ENTITY

\$52.50 Authorized

COCKTAIL & CHEMO FOUNDATION, INC.

PLEASE PERFORM THE FOLLOWING SERVICES	
COCKTAIL & CHEMO FOUNDATION, INC. (FL)

File the attached amendment and provide a certified copy and certificate of status.

NOTES:

RETURN/FORWARDING INSTRUCTIONS:_ ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, August 12, 2021 Page 1 of I

Articles of Amendment to Articles of Incorporation of

COCKTAILS & CHEMO FOUNDATION, INC.	01	
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N15000004734		
(Document Num	ber of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
The Cocktails & Caregivers Foundation, Inc.		T7
name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name.	ation" or "incorporated" or the	The new abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	12039 Admirals Pointe Dr	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	Indianapolis, IN 46236	2021 A SECR.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 866	UG 12
		mg 🖹 📆
	Westfield, IN 46074	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	ice address in Florida, enter th address:	דרי <u>O</u> ne name of the
Name of New Registered Agent.		
New Registered Office Address:	(Florida siree	t address)
	·	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for	I Agent: imiliar with and accept the oblig	gations 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: X Change X Remove X Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones y Smith		2021 AUG SECRETA
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	- 55 T
1) Change Add		N/A		
Remove				317
2) Change Add			·	
Remove Change Add Remove				
4) Change Add				
Remove				
5) Change Add				,
Remove				
6) Change Add				
Remove				
E. If amending or add (attach additional sh	ling additional A weets, if necessary,	articles, enter change(s) here: (Be specific)		
N/A				
	<u> </u>			

•		
		
	·-	
		
<u> </u>		
		-
		
		2021 SEC TAN
		SI & TI
		S T
		800
		महा ७
		NUS 12 MH 9:00 ETMBY OF SENTE
The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicable:		
Enective date it applicable:	(no more than 90 days after amendmen	t file daw)
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filin	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of vote.	es cast for the amendment(s)

Signature _	aug unbach
(B	by the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)
	Alex Umbach
	(Typed or printed name of person signing)

(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

SECRETARY OF STAFF