

4/25/2017

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Florida Department of State
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
THE INITIATIVE TO CURE OSTEOSARCOMA INCORPORATED

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COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: THE INITIATIVE TO CURE OSTEOSARCOMA INCORPORATED

DOCUMENT NUMBER: N17000002305

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

Please return all correspondence concerning this matter to the following:

Chayenne Moseley

(Name of Contact Person)

Legalzoom.com, Inc.

(Firm/ Company)

101 N. Brand Blvd., 11th Floor

(Address)

Glendale, CA 91203

(City/ State and Zip Code)

Joanna@Joannasegal.com

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

For further information concerning this matter, please call:

Chayenne Moseley

(Name of Contact Person)

800

at ()

773-0886 ext. 9724

(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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Articles of Amendment
to
Articles of Incorporation
of

THE INITIATIVE TO CURE OSTEOSARCOMA INCORPORATED

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

N17000002305

(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 Childhood Cancer Project 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**)*

C. Enter new mailing address, if applicable:

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

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)

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Joanna Farchi Segal</u>	<u>641 Ocean Boulevard</u> <u>Golden Beach, FL 33160</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Lauren Fuerst Sperber</u>	<u>901 North Rio Vista Blvd</u> <u>FL Lauderdale, FL 33301</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Rachel Cohen Dagan</u>	<u>19471 Ambassador Ct</u> <u>Miami, FL 33179</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>MANDEE HELER ADLER</u>	<u>3151 NORTH 36TH STREET</u> <u>HOLLYWOOD, FL 33021</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>AMANDA ELLISON</u>	<u>4 MINNETONKA RD</u> <u>SEA RANCH LAKES, FL 33308</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>SCOTT DANIEL SEGAL</u>	<u>641 OCEAN BOULEVARD</u> <u>GOLDEN BEACH, FL 33160</u>

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

Additional officer/director changes:

Adding Directors:

Leslie Shahun Parish - 10031 NW 3rd Ct, Plantation, FL 33324

Roberta Segal - 2800 Island Blvd #1107, Aventura, FL 33161

Adding Officer:

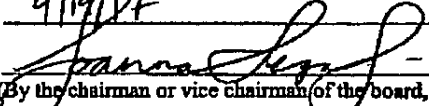
Patricia Wolf Breakstone - Vice President - 6000 Island Blvd PH 4, Aventura, FL 33180

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

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 4/19/17
 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)

Joanna Farchi Segal

 (Typed or printed name of person signing)
 President

 (Title of person signing)