705099

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e#)
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SECRETARY OF STAIL DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Selama Gr	otto Cerebral Pals	y Endowment In
DOCUMENT NUM	ивек:705099		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this made	tter to the following:	
	Richard S. Agster, (Name of	Esq. f Contact Person)	
And the second	Law Offices of Rich (Firm	nard S. Agster, P.	Α•
3	602 West Euclid Ave	enue Address)	
T	ampa, Florida 33629 (City/ Sta	te and Zip Code)	
	1awrsa@ao1.com E-mail address: (to be use	ed for future annual report notifi	cation)
For further informati	on concerning this matter, pleas	e call:	
Richard (Name	S. Agster, Esq.	at (<u>813</u>) <u>832-3</u> (Area Code & Dayt	939 ime Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Departme	nt 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation of

SELAMA GROTTO CEREBRAL PALSY ENDOWMENT, INC. OF

(Name of Corporation as currently filed	I with the Florida Dept. of	State)	
705099)		
(Document Number of Co	orporation (if known)		
ursuant to the provisions of section 617.1006, Florida S ne following amendment(s) to its Articles of Incorporation		· Profit Corporation	n adopts
. If amending name, enter the new name of the corp	oration:		
CHAMBER OF H	IOPE, INC.		
he new name must be distinguishable and contain the bbreviation "Corp." or "Inc." <u>"Company" or "Co." m</u>			_ 1e
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)		OIVISION 11 FE
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			6F CORPORATIONS 8 -9 PH 3: 22
If amending the registered agent and/or registered new registered agent and/or the new registered off		enter the name of t	<u>he</u>
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
		, Florida	_
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changing Register increby accept the appointment as registered agent. sition.		cept the obligations	s of the
Signature o	of New Registered Agent, if c	hanging	

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		·	
E. <u>If amen</u> (attach o	ding or adding additional Aradditional Aradditional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
<u> </u>			
70 - Tab.			
	77.		

The date of each amendmen	t(s) adoption: September 9, 2010
Effective date <u>if applicable</u> :	(date of adoption is required) October 1, 2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Signature (By	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, over court appointed fiduciary by that fiduciary)
	Richard D. Green
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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