## 7/2776

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Amend

## **COVER LETTER**

• TO: Amendment Section : ...

**Division of Corporations** The Blood Alliance, Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Deborah Holman (Name of Contact Person) The Blood Alliance, Inc. (Firm/ Company) 7595 Centurion Parkway (Address) Jacksonville, FL 32256 (City/ State and Zip Code) dholman@thebloodalliance.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Deborah Holman (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address **Amendment Section** Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

		es of Amendment to s of Incorporation of		+ 11 ED 1:51
The Blood Alliance, Inc.				17 8 E
(Name of Corporation as currently	y filed with the Flo	orida Dept. of State)	`	No. 2
712776				1000 F
(Docu	ıment Number of Co	orporation (if known)		
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat		es, this <i>Florida Not For Pro</i>		**
A. If amending name, enter the new na	me of the corporat	ion:		
not applicable				T)
name must be distinguishable and contain "Company" or "Co." may not be used in		tion" or "incorporated" or		The new r "Inc."
B. Enter new principal office address, i (Principal office address MUST BE A ST		not applicable		
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		not applicable		
D. If amending the registered agent and new registered agent and/or the new	registered office a	address:	r the name of the	
Name of New Registered Agent:	Eddie R. La	awson		
	7595 Centurion Parkway			
New Registered Office Address:		(Florida street address)		
New Registered Office Address.	lacksopvill	0	22256	
	Jacksonville (City)		, Florida <u>32230</u> (Zip Code)	
			(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	ered agent. I am fa			

Page 1 of 4

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.

X Change X Remove X Add	<u>V</u> <u>Mil</u>	nn <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	Valerie A. Collins	7595 Centurion Parkway
Add			Jacksonville, FL 32256
X Remove			
2) Change	P	Eddie R. Lawson	7595 Centurion Parkway
X Add			Jacksonville, FL 32256
Remove			
3 ) Change	<del></del>		_
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:					
(attach additional sheets, if necessary).	(Be specific)				
not applicable					
Tiot applicable					
· · · · · · · · · · · · · · · · · · ·					
	***				
	-11				

The date of each amendment(s) date this document was signed.	adoption: March 12, 2014	, if other than the
Effective date if applicable:	,	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) avai.	
There are no members or me adopted by the board of directions.	mbers entitled to vote on the amendment(s). The amendment(s) was/were etors.	
Dated 3-12-	2014	
Signature	20e (L Pilos	
(By the chave not be	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)	
Eddie R.	Lawson	
	(Typed or printed name of person signing)	
Presiden	t * *	
***	(Title of person signing)	