

F000000000783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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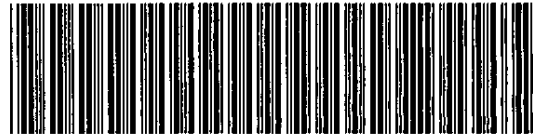
(Business Entity Name)

(Document Number)

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06/05/17--01006--017 **52.50

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN -5 AM 11:25

name change

JUN - 9 2017

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gift of Life Marrow Registry, Inc
Name of Corporation

DOCUMENT NUMBER: FO0000000783

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Ferguson
Name of Contact Person

Gift of Life Marrow Registry, Inc
Firm/Company

800 Yamato Rd, Suite 101
Address

Boca Raton, FL 33431
City/State and Zip Code

aferguson@giftoflife.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Ferguson at (561) 9822915
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$35.00 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
DIVISION OF CORPORATIONS
17 JUN -5 AM 11:26

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F00000000783

(Document number of corporation (if known))

1. Gift of Life Bone Marrow Foundation, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. New Jersey 3. 02/11/2000
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 05/27/2016

5. Gift of Life Marrow Registry, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Jay Feinberg

(Typed or printed name of person signing)

President

(Title of person signing)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
02-11 AM 11:26

609-984-6851

09:43:19 a.m. 06-01-2016

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609-984-6850

MAY 2016 11:33

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C1 CORP

11:27:01 a.m. 05-27-2016

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C-1010 Rev 3/2013

New Jersey Division of Revenue & Enterprise Services

CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF INCORPORATION

(For Use by Domestic Non-profit Corporations)

To file electronically:

1. Enter the information requested below and sign by typing your name in the signature field. The form can only be filled in using the free Adobe Acrobat Reader 9.1 or greater. (See the pages following this form for field by field instructions, and notes on delivery and processing of work requests.)

2. Click the "Add Attachment" button to add attachments if required (Click the field by field instructions to see if you must include an attachment(s)).

3. After the form has been filled in properly, please save a copy to your computer so that you can upload the form to the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application by following the instructions in the next step.

4. Click the "Open the Central Forms Repository Home Page to start the Form Submission Process" button at the bottom of the form.

(This option will launch the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application. If you have not created an account in the application you will need to do so before using the online Web application. Once your account is created, please login to the application and follow the instructions for submitting your form and payment online.)

Pursuant to the provisions of Title 15A:9-4 New Jersey Non-profit Corporation Act, the undersigned corporation executes the following Certificate of Amendment to its Certificate of Incorporation:

1. Name of the Corporation: GIFT OF LIFE BONE MARROW FOUNDATION, INC.2. NJ 10 digit ID Number: 01004992683. Article 1 of the Certificate of Incorporation is hereby amended to read as follows:

THE NAME OF THE CORPORATION IS CHANGED TO:
GIFT OF LIFE MARROW REGISTRY, INC.

4. The corporation ☐ has ☒ does not have members.

A. For Corporations WITH members:

Number entitled to vote _____ Voting FOR _____ Voting AGAINST _____

If any class or classes of members are entitled to vote as a class, set forth the number of members of each class, the series of votes of each class voting for and against, and the number of members present at the meeting, OR

Adoption was by unanimous written consent without meeting.

Date of Adoption: 05/12/2016

B. For Corporations WITHOUT members:

Number of Trustees _____ Voting FOR _____ Voting AGAINST _____

Trustees present at meeting _____ OR

☒ Adoption was by unanimous written consent without meeting

Date of Adoption: _____

5. Other Provisions:

Signature: Jay Feinberg

(Must be Ch. Of Bd. Pres. Or Vice Pres.)

Date: 5-12-16Name: JAY FEINBERG, PRESIDENT

(Type Name and Title)

FILED

MAY 27 2016

STATE TREASURER

0100499268