

N02000005850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

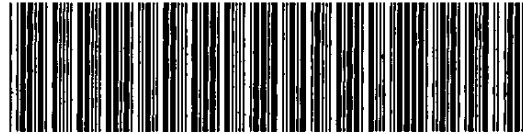
Special Instructions to Filing Officer:

Both Keen Advised
to correct Adoption
date to 4/18/07
(1a)

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(1a) 6.26.07



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06/20/07--01037--010 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN 20 AM 8:37

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: UNIVERSITY OF FLORIDA HAND FELLOWS ALUMNI ASSOCIATION, INC

DOCUMENT NUMBER: N02000005850

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

Please return all correspondence concerning this matter to the following:

BETH KEENE

(Name of Contact Person)

HAND FELLOWS ALUMNI ASSOCIATION, INC

(Firm/ Company)

3450 HULL ROAD, RM 3341

(Address)

GAINESVILLE, FL 32607

(City/ State and Zip Code)

For further information concerning this matter, please call:

BETH KEENE

(Name of Contact Person)

at (352) 273-7374

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

The date of adoption of the amendment(s) was: June 18, 2007

Effective date if applicable: JULY 1, 2007
(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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

PAUL C. DELL, MD

(Typed or printed name of person signing)

PD

(Title of person signing)

FILING FEE: \$35