N02062

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| Certified Copies | _ Certificate: | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

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Amend

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OCT 29 2010

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: <u>Floreda</u> | HEALTH SC | ENCES | LIBRARY | Association, INC |
|----------------------------|--|---------------------------|-----------------------------------|-------------------------------|---|
| | BER: <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u> | | | • | • |
| The enclosed Articles | of Amendment and fee a | re submitted for | filing. | | |
| Please return all corres | spondence concerning thi | s matter to the f | ollowing: | | |
| | KRIS | TEN Mag | 2 D 4 | | |
| | (Nai | me of Contact P | erson) | | |
| لامري | ersity of south | Horida - (Firm/ Compan | shim' | para lipi | ary_ |
| 129 | O) BRULF B. | (Address) | LVD. | MDC 31 | |
| | nipo, FL 336 (City | / 2_ y/ State and Zip | Code) | | |
| | E-mail address: (to b | calth. usf | e annual re | eport notificat | ion) |
| For further information | n concerning this matter, | please call: | | | |
| KRISTEN | Mond A of Contact Person) | at (| 813 | 396- | 9647 |
| (Name o | of Contact Person) | | (Area Co | de & Daytim | e Telephone Number) |
| Enclosed is a check for | the following amount m | ade payable to | he Florida | Department | of State: |
| | ☐ \$43.75 Filing Fee & Certificate of Status | Certif | ied Copy tional copy sed) | is | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ameno Divisio P.O. B | g Address Iment Section on of Corporations ox 6327 ussee, FL 32314 | | Division Clifton B 2661 Exe | ent Section of Corporation | |



October 6, 2010

KRISTEN MORDA UNIVERSITY OF SOUTH FLORIDA 12901 BRUCE B DOWNS BLVD MDC BOX 31 TAMPA, FL 33612-4799

SUBJECT: FLORIDA HEALTH SCIENCES LIBRARY ASSOCIATION, INC.

Ref. Number: N02062

We have received your document for FLORIDA HEALTH SCIENCE'S LIBRARY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 710A00023679

Articles of Amendment

| • , | to Articles of Incorpor of | ration | SE SE DO |
|-----|--|--------|---------------------|
| | Sciences Library ation as currently filed with the | | ALLAHASSE OF ST. 16 |
| | NO2062 ocument Number of Corporation | CCI | |

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. | <u> If</u> | amending | name, | enter | the i | new | name | of | <u>the</u> | corp | <u>wrati</u> | on: |
|----|------------|----------|-------|-------|-------|-----|------|----|------------|------|--------------|-----|
|----|------------|----------|-------|-------|-------|-----|------|----|------------|------|--------------|-----|

| The new name must be | distinguishable and cor | ntain the word "corporat | ion" or "incorporated" | or the |
|-------------------------|-------------------------------|--------------------------|------------------------|--------|
| abbreviation "Corp." of | · " Inc." <u>"Company" or</u> | "Co." may not be used in | the name. | |

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) University of such fronda 3450 Spectrum BLVD. suite 100

Tampa, FL 33612

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

University of south Florida 3050 Spectram SLVD. suite 100

TAMPA FL 33412

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:

DENISE SITEREFF

3650 Spectrum BUVD Suite 100 (Florida street address)

New Registered Office Address:

Temps FL Florida 33 41 2.
(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 sharing

Page 1 of 3

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) Title <u>Name</u> <u>Address</u> **Type of Action** 12901 BRUCE & DOWN BLUD Add IAMPA FL 33412 ☐ Remove TAMPA FR 33U12 ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

| The date of each amendment(s) adoption: | -laly 7,2010 |
|--|--|
| Effective data if numbership. | (date of adoption is required) |
| Effective date <u>if applicable</u> : (no | more than 90 days after amendment file date) |
| Adoption of Amendment(s) (| CHECK ONE) |
| The amendment(s) was/were adopted by was/were sufficient for approval. | the members and the number of votes cast for the amendment(s) |
| There are no members or members entitiadopted by the board of directors. | led to vote on the amendment(s). The amendment(s) was/were |
| Dated Oct. 19 | 2010 Zul-Below |
| have not been set | or vice chairman of the board, president or other officer-if directors lected, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary) |
| Tany | Typed or printed name of person signing) |
| _Pc | Citle of person signing) |