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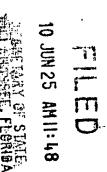
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Amend



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Children's Ca	ncer Foundation, Inc.	
DOCUMENT NUM	BER:		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		I, Executive Director	
	(Name of	Contact Person)	
	Children's Car	ncer Foundation, Inc.	
	(Firm	n/ Company)	
	451 East	Graves Avenue	
	(4	Address)	
	Orange (Dity, FL 327 ∮ 63	
		te and Zip Code)	
	E-mail address: (to be use	d for future annual report notifica	ation)
For further information	on concerning this matter, pleas	e call:	
Donna G. Higbee		at (386)_748-073	3
(Name	of Contact Person)		ne Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Department	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)
Amer Divis P.O. 1	ing Address Indment Section Identification of Corporations Box 6327 Inassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	- Circle

Articles of Amendment to **Articles of Incorporation** of



Children's Cancer Foundation, Inc.

(Document Number of Corporation (if known)

the following amendment(s) to its Articles of Incorporation:

(Name of Corporation as currently filed with the Florida Dept. of State

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

ne new name must be distinguishable and obreviation "Corp." or "Inc." <u>"Company"</u>		
Enter new principal office address, if ap		
rincipal office address <u>MUST BE A STRE.</u>	<u>ET ADDRESS</u>)	
Enter new mailing address, if applicabl	<u>e:</u>	
	ICE DOV	
(Mailing address <u>MAY BE A POST OFF</u>	<u></u>	
(Mailing address <u>MAY BE A POST OFF</u>	<u></u>	
(Mailing address <u>MAY BE A POST OFF</u>	<u>—————————————————————————————————————</u>	
If amending the registered agent and/or	registered office address in Florida, o	enter the name of th
	registered office address in Florida, o	enter the name of th
If amending the registered agent and/or	registered office address in Florida, o	enter the name of th
If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, o	enter the name of th
If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Florida, on the contract of the c	enter the name of th

Signature of New Registered Agent, if changing

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>	Address	Type of Action
ED (exer	Name Charles D. Hill	218 Crooked Tree Trail Deland, FL 32724	☑ Add □ Remove
<u>D</u>	Natalie Stiles	1784 S Woodland Blvd Deland, FL 32720	
<u>D</u>	Jim Mise	998 Torchwood Drive Deland, FL 32724	☐ Add ☑ Remove
	ng or adding additional Articl ditional sheets, if necessary). (
	110-1		
		1	

The date of each amendmei	t(s) adoption: 3/17/2010
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/w was/were sufficient for ap	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 d	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
ha	annue . Wiceins the chairman or vice chairman of the board, president or other officer-if directive not been selected by an incorporator – if in the hands of a receiver, truste er court appointed fiduciary by that fiduciary)
	Sammie Wiggins (Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3

Additional Amendments to Directors Dated June 16, 2010 As Amended 3/17/2010

Title	Name	Address	Add/ Remove
Director	Randy Harrod	2831 Shenandoah Rd Deland, FL 32720	Remove
Director	Bethany Elsiha	1250 Catalina Blvd Deltona, FL	Remove
Director/ Vice President	Jack Becker	451 E Graves Ave vrange City, FC 32763	Add
Director/ President	Sammie Wiggins	451 E. Graves Ave Orange City, FL 32763	Add
Director	Janet Dixon	Orange City, FC 32263	Add
Director	Jan Giroux	451 E. Graves Ave	
Director/ Treasurer	Donna Higbee	Orange City, Fizz763 451 E. Granes Ave drange City, Fizz763	Add
Director	Harper Hill	drange City, FL 32763 451 E. Granes Ave Orange City, FL	Add
Director	Nan Smith	451 E Graves Ave	Add
Director/ Secretary	Patricia Dickerson	45/ E. Graves Ave Drange City, FC 32X63	Add
Director	Robyn Harrington- Schmidt	Usi E. Graves Ave Drange City, FC 32X63 45/ E. Graves Rue Drange City, FC 32763	Add

Sammie Wiggins President Children's Cancer Foundation, Inc