# N04000005445

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#### COVER LETTER

TO: Amendment Section Division of Corporations

## NAME OF CORPORATION: FIRST COAST CANCER FOUNDATION, INC.

#### N04000005445 DOCUMENT NUMBER: \_

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

Please return all correspondence concerning this matter to the following:

### VICKIE ZUCKERMAN

(Name of Contact Person)

#### FIRST COAST CANCEP FOUNDATION INC

(Firm/ Company)

## 10801 SAN JUSE PLVD

(Address)

JACKSONVILLE, FL 32223 (City/ State and Zip Code)

#### EPMANCANCEP · COM -mail address: (to be used for future annual report notification) VICHEWA

For further information concerning this matter, please call:

VICKIE ZUCKERMAN (Name of Contact Person)

at <u>904 · 8 80 · 5522</u> (Area Code) (Daytime Telephone Number)

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 & Certificate of Status

Certified Copy (Additional copy is enclosed)

2\$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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Vetiolo	rs of Amendment	
	to	
Articles	s of Incorporation of	
FIRST COAST CANCEP FOL		
(Name of Corporation as currently filed with the Florida L	Dept. of State)	
N0400005445	er of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corpora</i>	<i>tion</i> adopts the following
A. If amending name, enter the new name of the corporation	ion:	
ACKERMAN CANCEP FOUN name must be distinguishable and contain the word "corporate	DATION, ING.	The new ation "Corp." or "Inc."
"Company" or "Co," may not be used in the name.		·
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>	, SAME	
	,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	
, , ,		
D. If amending the registered agent and/or registered offic	re uddress in Florida, enter the name	<u>of the</u> 0
new registered agent and/or the new registered office a		
Name of New Registered Agent:	SAME	
	(Florida street address)	
<u>New Registered Office Address</u> :		
	, F	lorida (Zip Code)
N N	-	$(\Sigma p \cup ac)$
<u>New Registered Agent's Signature, if changing Registered</u> <i>I hereby accept the appointment as registered agent. I am far</i>		f the position.

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N/A 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)

...

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.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	PTJohn IVMike JSVSally S	lones	
Type of Action (Check One)	Title	Name	Address
l) Change Add	_ <u>T</u>	MTALE, JAMIE	10601 SAN JOSE PLVD JACKSONVILLE, FL 32223
$\frac{\swarrow}{2} {4} {2} {4}$	<u> </u>	RUTGENS, COURTNEY	10601 SAN JOSE BLYD JACKSONMLLE, FL 32223
3) Remove Add Add		. <u> </u>	
4) Change Add			
Remove 5/ Change Add			
Remove Change Add		<u> </u>	
E. If amending or addin (attach additional shee		t <mark>icles, enter change(s) here</mark> : (Be specific)	

N/A

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Enective date <u>it applicable</u> :	······································	

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

11.17.2020 Dated Signature

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(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)

## SCOT N. ACKERMAN, MD (Typed or printed name of person signing)

TREASUREP

. (Title of person signing)