

N04000006125

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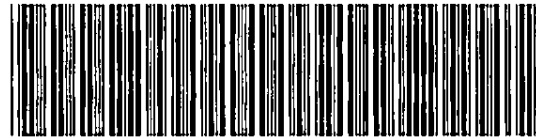
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Damien The Leper Society, INC

DOCUMENT NUMBER: N04000006125

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

Please return all correspondence concerning this matter to the following:

Donna Shipley
(Name of Contact Person)

Damien The Leper Society
(Firm/ Company)

PO Box 5678
(Address)

Destin, FL 32540
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Viet Tan Huynh at 850 533-2569
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

DAMIEN THE LEPER SOCIETY, INC. (A corporation not for profit)

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

N04000006125

(Document Number of Corporation (if known))

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2022 MAR -9 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FL

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. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

307 Beach Drive

Destin, FL 32541

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 5678

Destin, FL 32540

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:

Donna Shipley

408 Kelly Plantation Dr. Unit 1510

(Florida street address)

New Registered Office Address:

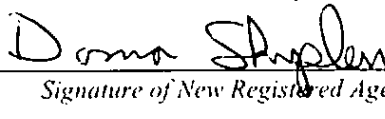
Destin

(City)

Florida 32541
(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 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Viet Tan Huvnh</u>	<u>307 Beach Drive</u> <u>Destin, FL 32541</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u></u>	<u>Sarah McCurdy</u>	<u>1333 La Paz St.</u> <u>Pensacola, FL 32506</u>
<input checked="" type="checkbox"/> Remove 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u></u>	<u>Angela Nguyen</u>	<u>1610 De Soto St.</u> <u>Pensacola, FL 32501</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u></u>	<u>Diane C. Hare</u>	<u>2589 Jenkins Ave.</u> <u>Panama City, FL 32405</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Jane Lambert</u>	<u>146 Deer Valley</u> <u>Defuniak Springs, FL 32433</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Dr Mai Khanh Tran</u>	<u>9337 Lilly Ave</u> <u>Mountain Valley, CA 92708</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ARTICLE IV

Purpose

Section 3. To do and perform all things and to have all power necessary, desirable or convenient, to encourage, promote,

obtain, and provide funds or property of any nature for the care of people in need, to provide food, clothing, shelter,

job opportunities, and educational and financial assistance with full power, however, in the board of directors to establish

and modify the conditions and regulations under which any funds or property shall be spent or applied, so as to secure the application of such funds or other property in the manner best adapted to the conditions of the time and the needs of the individuals and agencies where money is delegated.

The date of each amendment(s) adoption: _____ Date document is signed. _____ if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

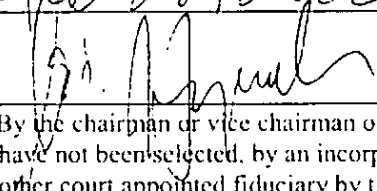
- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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

Dated

Feb 28, 2022

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)

Viet Tan Huynh

(Typed or printed name of person signing)

Executive Director

(Title of person signing)