Division of Corporations **Electronic Filing Cover Sheet**

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COR AMND/RESTATE/CORRECT OR O/D RESIGN JOHNS HOPKINS ALL CHILDREN'S HOSPITAL FOUNDATION, IN

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FEB 20 2017

I ALBRITTON

TO: Amendment Section

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COVER LETTER

Division of Corporation	ns	,		
NAME OF CORPORATI	Johns Hopkins All Cl	nildren's Hospital Fo	oundation, Inc	
DOCUMENT NUMBER:	N06924			
The enclosed Articles of Art	nendment and fee are subm	sitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
Dale S. Webber				
		Name of Contact Po	erson)	
Buchanan Ingersoll & Root	ney PC			
		(Firm/ Company	<u>r)</u>	
401 E. Jackson Street, Suite	: 2400			
		(Address)		
Tampa, Florida 33602				
	(City/ State and Zip	Code)	
dale.webber@bipc.com				
	-mail address: (to be used	or future annual rep	ort notificatio	n)
For further information cond	cerning this matter, please c	all:		
Dale S. Webber		at	813	222-\$187
	(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the t	following smount made pay	able to the Florida L	Separtment of	State:
¥ \$35 Filing Fee	□\$43.75 Filing Fee & E Certificate of Status	3\$43.75 Filing Fee . Certified Copy (Additional copy is enclosed)	Certii Certii (Addi	0 Filing Fee icate of Status ied Copy itional Copy is used)
Division o P.O. Box (nt Section f Corporations	Am Div Cli	eet Address lendment Sect vision of Corp fron Building i) Executive (orations

Tallahassee, FL 32301

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	(((H17000046730 3)))) 官	
	Articles of Amendment to Articles of Incorporation of		DITER THE ST
hns Hopkins All Children's Hospital Foundation	·		ب روا
(Name of Corporation	as currently filed with the Flo	rida Dept. of State)	O. C.
(Досил	nent Number of Corporation (if k	nown)	
rsuant to the provisions of section 617,1006, Flor endment(s) to its Articles of Incorporation:		o <i>r Profit Corporation</i> adopts th	e following
hns Hopkins All Children's Foundation, Inc.			_The new
me must be distinguishable and contain the word ompany " or "Co." may not be used in the name	t	d" or the abbreviation "Corp."	or "Inc."
Enter new principal office address, if applica inclpul office address <u>MUST BE A STREET A</u>	ble: DDRESS)		
Enter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE I	BOX) NA		
If amending the registered agent and/or registered agent and/or the new registered		enter the name of the	<u> </u>
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Revistered Office Address:	P	lorida zireei address)	
	N/A	, Florida	
	(City)	(Lip Code)	
w Registered Agent's Signature, if changing Receby accept the appointment as registered agent	legistered Agent: t. I am familiar with and accep.	the obligations of the position.	
		tered Agent, if changing	

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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 = Chairmon 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.

X Change X Remove X Add	PI Y SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		N/A	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
KUIIOYE		Page 2	of 4

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E. If amending or additional shed	ne additional Afficies ets, if necessary). (B	L enter change(s) le specific)	nere:		•
N/A					
			 		
					
		 			
<u> </u>					
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			**************************************	, , , , , , , , , , , , , , , , , , , 	
					

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(((H17000046730 3)))

	December 7, 2016	
The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the L	plack does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) wal.	
There are no members or meadopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.	
Dated Fe	bruary 15, 2017	
Signature		
have not t	airman or vice chairman of the board, president or other officer-if directors peer, selected, by an incorporator - if in the hands of a receiver, trustee, or a appointed fiduciary by that fiduciary)	_
Jonath	an Ellen, M.D.	
	(Typed or printed name of person signing)	
Preside	ent and CEO	
	(Title of person signing)	

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