NO 7000008758

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COVER LETTER

Division of Corporations Coastal Blood Alliance, Inc. N07000008758 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Deborah Holman (Name of Contact Person) Coastal Blood Alliance, Inc. (Firm/ Company) 7595 Centurion Parkway (Address) Jacksonville, FL 32256 (City/ State and Zip Code) dholman@thebloodalliance.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Deborah Holman (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	Articl	es of Amendment			
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* 1	Article	s of Incorporation of		ا اور مدریات پیرسی است	# T
Coastal Blood Alliance, l	nc.	•			FILED # 51
(Name of Corporation as current	y filed with the Flo	orida Dept. of State)		7.0	200
N07000008758				<u>`</u> ;	是是
(Doc	iment Number of C	orporation (if known)		:	# # T
ursuant to the provisions of section 617.1 nendment(s) to its Articles of Incorporat		es, this <i>Florida Not For Pi</i>	ofit Corpora	tion adopts the f	ollowing
. If amending name, enter the new na	me of the corpora	tion:			
not applicable					The new
ame must he distinguishable and contain Company" or "Co." may not be used in		ation" or "incorporated" o	r the abbrevi		
Enter new principal office address, i	f annlicable:	not applicable			
Principal office address MUST BE A ST				.	
Enter new mailing address, if application (Mailing address MAY BE A POST C		not applicable			
If amending the registered agent and new registered agent and/or the new			er the name	of the	
	Eddio D L				
Name of New Registered Agent:					
	7595 Cent	urion Parkway			
New Registered Office Address:		(Florida street address)			
	Jacksonvil	le	_, Florida <u>3</u>	32256	
	(City))	,	(Zip Code)	
ew Registered Agent's Signature, if ch	anging Registered	l Agent:			
hereby accept the appointment as registe			obligations o	of the position.	
	Edder	2. Luce			
_	Signature of New	Registere gent, if chang			

Page 1 of 4

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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Valerie A. Collins	7595 Centurion Parkway
Add			Jacksonville, FL 32256
X Remove			
2) Change	<u>P</u>	Eddie R. Lawson	7595 Centurion Parkway
X Add			Jacksonivlle, FL 32256
Remove			
3) Change			
Add			
Remove			
4) Change	-		<u></u>
Add			
Remove			
5) Change			
Add			
Remove			 ,,
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
• •	
not applicable	
·	
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The date of each amendment(s) adoption: March 12, 2014 date this document was signed.						
Effe	Effective date <u>if applicable</u> :					
	(no more than 90 days after amendment file date)					
Ada	option 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 3-12-2014					
	Signature EQUE TO Joursa					
	(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)					
	Eddie R. Lawson					
	(Typed or printed name of person signing)					
	President					
	(Title of person signing)					