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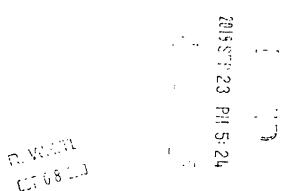
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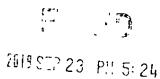
TO: Amendment Section Division of Corporations

The Sk	in Disease Research And	Education Foundation,	Inc.
N07000012 DOCUMENT NUMBER:	195		
The enclosed Articles of Amendment an	d fee are submitted for fi	ling.	
Please return all correspondence concern	ing this matter to the foll	owing:	
Howard Mofsen			
-1	(Name of (Contact Person)	
Pinchevsky & Mofsen			
	(Firm/	Company)	
5541 N University Dr. Ste 103			
- · · · · · · · · · · · · · · · · · · ·	(Ac	ldress)	
Coral Springs, FL 33067			
	(City/ State	and Zip Code)	·
howard@pinchevskymofsen.com			
E-mail addres	s: (to be used for future a	innual report notification	n)
For further information concerning this n	natter, please call:		
Howard Motsen		954 at	753-3545
(Name of C	ontact Person)		(Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the	Florida Department of	State:
	Filing Fee & S43.75 Find the of Status Certified (Addition enclosed)	Copy Certif al copy is Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		Street Address	

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

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

Articles of Amendment to Articles of Incorporation of



The Skin Disease Research And Education Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N07000012195 (Document Number of Corporation (if known) 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: Nestor Family Foundation, Inc. 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: _, Florida __ (City) (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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		-	
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6) Change			
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Add			
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The date of each amendment(s) adopt	tion:	, 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 of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will rement of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes east for the amendment(s)	
adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 09/17/2019		
Signature		
have not been s	n or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)	
Mark S Nest	oor	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	