N08000001910

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DIVISION OF CORPORATIONS

Amend 10,6/10/08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE NATIONA	(NETWORK OF ORGAN DONORS, INC.
DOCUMENT NUMBER: NO 800000	21910
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
ART BROW . (Name of Contact I	UNSTEIN Person)
THE NATION AL NETWORK OF	FORGAN DONORS, INC.
4440 PGA BIVD, (Address)	, suite 600
PALM BEACK GARDE (City/State and Zip	NS, FL 33410 o Code)
For further information concerning this matter, please	
ART BROWNSTEIN (Name of Contact Person)	at (<u>866</u>) <u>995 - 666 3</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
ALECATY RECEIVED Certificate of Status Certificate of Status	7.75 Filing Fee & S52.50 Filing Fee tified Copy ditional copy is closed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2008

ART BROWNSTEIN
THE NATIONAL NEWTWORK OF ORGAN DONORS
4440 PGA BLVD., SUITE 600
PALM BEACH GARDENS, FL 33410

SUBJECT: THE NATIONAL NETWORK OF ORGAN DONORS, INC.

Ref. Number: N08000001910

We have received your document for THE NATIONAL NETWORK OF ORGAN DONORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If it's your intension to change the principal address Articles of Amendment must be filed. Presently it is unclear as to what your intension are in filing this document, the form you submitted is to change the registered agent information.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 508A00031340

Articles of Amendment to Articles of Incorporation of

THE NATIONAL NETWORK OF ORGAN DONORS INC
(Name of corporation as currently filed with the Florida Dept. of State)
NO8000001910 (Document number of corporation (if known)
(Document number of corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit</i> Corporation adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
N/A
(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
ARTICLE II HAS BEEN AMENDED:
PRINCIPLE PLACE OF BUSINESS AND MAILING ADDRESS OF This CORPORATION Shall Be:
ADDRESS OF This CORPORATION Shall Be:
4440 PGA BIVD., SUITE 600
1440 PGA BIVD., SUITE 600 PAIM BEACH GARDENS, FL 33410

The date of adoption of the amendment(s) was:5/15/08		
Effective date if <u>applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
for the amendment wa	as (were) adopted by the members and the number of votes cast as sufficient for approval. s or members entitled to vote on the amendment. The vere) adopted by the board of directors.	
have not been sele- other court appoint	r vice chairman of the board, president or other officer- if directors cted, by an incorporator- if in the hands of a receiver, trustee, or ed fiduciary, by that fiduciary.) RROWNSTEIN	
	ped or printed name of person signing)	
<i>E</i> 7	XECUTIVE DIRECTOR	
	(Title of person signing)	

FILING FEE: \$35