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SECRETARY OF STATIONS DIVISION OF CORPORATIONS

MUND 10 13911

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Starfish In A	Action Foundation, Inc.
DOCUMENT NUMBER: NO80000924	12
The enclosed Articles of Amendment and fee are submitte	d for filing.
Please return all correspondence concerning this matter to	the following:
Eszter Minor	
(Na	me of Contact Person)
Starfish In Action Foundati	on, Inc.
	(Firm/ Company)
P.O. Box 61301	
	(Address)
Fort Myers, FL. 33906	
(Ciņ	// State and Zip Code)
hungericainc@yaho	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call:	
Eszter Minor	_{at} 239 878-3659
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	e to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S4 Certificate of Status Certified C (A enclosed)	
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

Articles of Amendment to Articles of Incorporation of

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	19

Starfish In Action Foundation, Inc.	3
(Name of Corporation as currently filed with the F	Florida Dept. of State)
N08000009242	
(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
	The ne
name must be distinguishable and contain the word "corpoi "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or " Inc.
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u> ,	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 61301
	Fort Myers, FL. 33906
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
Terr Megateres Office Madress.	
(6)	Florida
(City	y) (Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am j	
<u> </u>	
Signature of New Reg	sistered Agent, if changing

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add X Remove	<u>s</u>	Kim Brownson	8359 Beacon Blvd. Suite 402. Fort Myers, FL. 33907
2) Change Add Remove	<u>s</u>	Tracey Haag	8359 Beacon Blvd. Suite 402. Fort Myers, FL. 33907
3) Change Add Remove	D	Susan Finnigan	8359 Beacon Blvd. Suite 402. Fort Myers, FL. 33907
4) Change Add Remove	D	Debby Bassell	8359 Beacon Blvd. Suite 402. Fort Myers, FL. 33907
5) Change Add Remove			
6) Change Add Remove	All Marketin Marries		

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
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he date of each amendment(s) ado	option: 12/01/2011
ffective date if applicable:	
***************************************	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or member adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated 12/16/20	011 S () () ()
have not been	nan or vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)
Eszter Mind	or
(Typed or printed name of person signing)
President	
	(Title of person signing)