N09000004459

| | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



800156471698

06/05/09--01037--011 **35.00

Anners

09 JUN -5 PM 1:58

SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

| NAME OF CORPO | PARKINSON | Education Ne | tworkelnc. |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| DOCUMENT NUM | (BER: <u>\) \) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\)</u> | 204459 | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | |
| Please return all corr | espondence concerning this ma | tter to the following: | |
| | MUKA (Name of | Contact Person) | ······································ |
| - | Parkinson Edu | Cation Netwo | WK |
| _ <u>c</u> | Dun Forest Hi | UBUD Ste | . 102 |
| | Nest Palm Bla (City/Sta | UL FL 3340 tte and Zip Code) | 4 |
| <u>_</u> <u>r</u> | NSONTOS Q O E-mail address: (to be use | od for future annual report notifi | o. net |
| For further information | on concerning this matter, pleas | e call: | |
| Mull (Name | of Contact Person) | at (Honor Bayes) | 1-4593 time Telephone Number) |
| Enclosed is a check f | or the following amount made p | payable to the Florida Departme | ent of State: |
| \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| | ing Address ndment Section | Street Address Amendment Section | , |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

to

Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

| Α. | reicles of fileor | poration | ^^ | |
|--------------------------------------------------------------------------------------------|--------------------|-------------------------------|---------------------------|-------------|
| | of | \ \ | 09 JUN -5 PM 1:5 | 59 |
| 'Yarkınsm zduc | atom | Network | Inc. | - _, |
| (Name of Corporation as cu | urrently filed wit | h the Florida Dept. | of State) | |
| 0.00/1 | 2000/41 | VICA | | |
| 11010 | | 15 | | |
| (Document N | Number of Corpo | ration (if known) | | |
| Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of | | es, this <i>Florida Not F</i> | or Profit Corporation ad | iopts |
| A. If amending name, enter the new nam | e of the corpora | tion: | | |
| A. If amending name, enter the new name | e of the corpora | | | |
| | | | | |
| The new name must be distinguishable and | | | | |
| abbreviation "Corp." or "Inc." "Company | y" or "Co." may i | <u>tot de usea in the nan</u> | <u>ne</u> . | |
| B. Enter new principal office address, if a | applicable: | | | |
| (Principal office address MUST BE A STR | EET ADDRESS |) | | |
| | | | | |
| | | | | |
| | | 0.000000 | | |
| C. Enter new mailing address, if applica | ble: | | | |
| (Mailing address <u>MAY BE A POST OF</u> | FFICE BOX | | · · · | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| D. If amending the registered agent and/o | | | , enter the name of the | |
| new registered agent and/or the new r | egistered office a | iduress: | | |
| Name of New Registered Agent: | | | | |
| | | | | |
| V D 1000 | | | | |
| New Registered Office Address: | (FI | orida street address) | | |
| | | | , Florida | |
| | <u> </u> | (City) | (Zip Code) | |
| | | | | |
| New Registered Agent's Signature, if char | | | againt the obligations of | f the |
| I hereby accept the appointment as registe position. | ereu ageni. I a | n jamiliar wiin ana i | accept the obligations of | , ine |
| posmon. | | | | |
| _ | | | | |
| | Signature of No | ew Registered Agent, i | f changing | |

| | ditional sheets, if necessary) | ch Officer and/or Director being | auucu. |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | |
| | | | Add Remove |
| | | | Add Remove |
| (attach a | ding or adding additional Article additional sheets, if necessary). (In the sheets of the control of the sheets) and the sheets of the control of the sheets | ed amended they should | |
| Artic Artic | de VII Change | d - newart ed - newa | ticle |
| Artic | UX - form | erly Article v | <u>/TT</u> |
| | | | · · · · · · · · · · · · · · · · · · · |
| ··· | | | |
| | | | |

| The date of each amendme | nt(s) adoption: 5/22/09 |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/w was/were sufficient for ap | rere adopted by the members and the number of votes cast for the amendment(s) proval. |
| There are no members or adopted by the board of d | members entitled to vote on the amendment(s). The amendment(s) was/were lirectors. |
| Dated Signature _ | 5/22/09 Mulica, Matos |
| (B | by the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary) |
| | (Typed or printed name of person signing) |
| | (Title of person signing) |

Amended Articles of Incorporation for Parkinson Education Network, Inc.

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of incorporation:

Article I

The name of the corporation is

PARKINSON EDUCATION NETWORK, INC.

Article II

The principal place of business address:

2677 Forest Hill Blvd. Ste 102 West Palm Beach, Florida 33406

The mailing address of the corporation is:

1524 N. J Terrace Lake Worth, Florida 33460

Article III

The specific purpose for which this corporation is organized is:

"The mission of the Parkinson Education Network (P.E.N.) is to support people living with Parkinson disease and those who love them to take charge of their disease experience."

Article IV

The manner in which directors are elected or appointed is:

Appointment by CEO

Article V

The name and Florida Street address of the registered agent is:

Milka Santos, ACBSW 1524 N. J Terrace Lake Worth, Florida 33460

I certify that I am familiar with and accept responsibilities of registered agent.

Article VI

The name and address of the incorporator is:

Milka Santos, ACBSW 1524 N. J Terrace Lake Worth, Florida 33460

Incorporator Signature: Milka Santos

Article VII

Not withstanding any other provision of these articles, the corporation shall not carry on any activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the internal revenue code of 1986 or the corresponding provision of any future United States Internal revenue law or (b) by a corporation contributions to which are deductible under section 170(c)(2) of the internal revenue code 1986 (or corresponding provision of any future United States Internal revenue law.

Article VIII

Upon the dissolution of the organization, assets shall be distributed for one or more exempt pupose within the meaning of section 501©(3) of the internal revenue code, or corresponding section of any future federal tax code or shall be distributed to the federal tax code or shall be distributed to the federal government for a public purpose. Any such assets not disposed of shall be disposed of by the Courts of Common Pleas of the County in which the principal office of the organization is then located, exclusively fro such purpose or to such organization, or organizations as such court shall determine, which are organized and operated.

Article IX

The initial officer(s) and/or director(s) of the corporation is/are:

Title: CEO

Milka Santos, ACBSW

1524 N. J Terrace

Lake Worth, Florida 33460

Title: Secretary:

Ana L. Santos

1524 N. J Terrace

Lake Worth, Florida 33460

Title: Treasurer

Aura Santos

1524 N. J Terrace

Lake Worth, Florida 33460

Title: BM

Aurora Maldonado 1524 N. J Terrace

Lake Worth, Florida 33460

Article X

The effective date for this corporation shall be:

5/5/2009