

NO90000004949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only



600160230656

09/15/09--01026--005 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 OCT -2 AM 8:51

Amend
@ 10/5/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Know Ataxia Foundation, Inc

DOCUMENT NUMBER: N09000004949

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph J Ziegler

(Name of Contact Person)

Know Ataxia Foundation, Inc

(Firm/ Company)

1534 Senior Ct

(Address)

Lehigh Acres, FL 33971

(City/ State and Zip Code)

csteever@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Ziegler

(Name of Contact Person)

at (239) 878-3092

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

September 17, 2009

JOSEPH J. ZIEGLER
KNOW ATAXIA FOUNDATION, INC.
1534 SENIOR CT.
LEHIGH ACRES, FL 33971

SUBJECT: KNOW ATAXIA FOUNDATION, INC
Ref. Number: N09000004949

We have received your document for KNOW ATAXIA FOUNDATION, 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

You failed to sign the form.

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: 109A00030675

RECEIVED
2009 OCT -2 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 OCT -2 AM 8:51

Articles of Amendment
to
Articles of Incorporation
of

Know Ataxia Foundation, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N09000004949

(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:

N/A

The new 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)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

(Florida street 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

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

(attach additional sheets, if necessary). (Be specific)

[illegible]

Original Articles of Incorporation PURPOSE states:

This is a nonprofit organization with a primary interest in raising money for Ataxia research.

The following can be added to the above statement for the Purpose of the KNOW ATAXIA FOUNDATION. In the event of dissolution, the following also addresses the possibility of dissolution of the organization.

Purpose and dissolution clauses

The organization is organized exclusively for the charitable, religious, educational, and/or scientific purposes under Internal Revenue Code section 501(c)(3) or corresponding section of any future federal tax code.

This corporation, KNOW ATAXIA FOUNDATION, was organized exclusively for the charitable purpose to raise funding to increase awareness and support research for ataxia, as specified by the 501(c)(3) sections of the Internal Revenue Code (IRS). Events will be scheduled to create awareness while raising funds to further the education of the public, community, professionals, and families about an illness/degenerative disease and its many forms, referred to as ataxia. This also includes distribution to organizations that qualify under the same 501(c)(3) sections of the IRS Code or any future sections that may arise in the United States Internal Revenue law and are related to ataxia awareness and research.

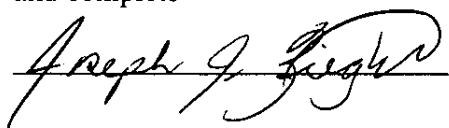
If and/or when the dissolution of this corporation occurs, after paying or providing enough funds for the debts and/or other obligations of this organization, all assets will be distributed to one or more organizations that meet the qualifications of the current IRS's 501(c)(3) requirements or any future federal tax code regulations and ataxia or health research.

Earnings of the corporation shall not benefit or be distributed to any of its members, trustees, officers, or other private persons except where the corporation is authorized and/or expected to pay reasonable compensation for services rendered. Only Reimbursements to members, trustees, officers, or other private persons for expenses rendered during any and all events associated with the KNOW ATAXIA FOUNDATION are acceptable.

Funds and/or assets of the KNOW ATAXIA FOUNDATION shall not be used for influencing legislation, government, or influencing any candidate for public office. Nor will any funds/assets be used for publication or distribution of political statements.

This corporation will not participate in any activities not permitted by the corporate exemption status as specified under the IRS rules for 501(c)(3) organizations both current and any future tax codes or regulations.

Under penalties of perjury, I declare that I have examined this information, including accompanying documents, and, to the best of my knowledge and belief, the information contains all the relevant facts relating to the request for the information, and such facts are true, correct, and complete



Joseph J Ziegler, Founder

The date of each amendment(s) adoption: 5-16-09

(date of adoption is required)

Effective date if applicable: 5-16-09

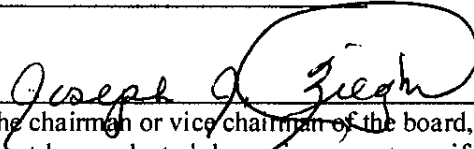
(no more than 90 days after amendment file date)

Adoption 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 9-9-09

Signature


(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)

Joseph J Ziegler

(Typed or printed name of person signing)

Founder-Director

(Title of person signing)