N1000000624

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
	☐ WAIT	MAIL
(Bu	rsiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2010

MR. HARIB H. EZALDEIN AMERICAN FOUNDATION FOR CHILDREN WITH CA 849 WEST 18TH STREET HIALEAH, FL 33010

SUBJECT: AMERICAN FOUNDATION FOR CHILDREN WITH CANCER INC.

Ref. Number: N10000000624

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

ARE YOU CHANGING THE REGISTERED AGENT FROM HARIB EZALDEIN???? ARE YOU DELETING AN OFFICER AND ADDED ANOTHER??????

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 310A00003887

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: American	n Foundation For Child	dren with Cancer Inc.
DOCUMENT NUM	IBER: WI	000 0000 624	
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corr	espondence concerning this matt	ter to the following:	
	Harib Eza	Idein Contact Person)	
	. (Name of	Contact Person)	
	American Foundati	tion for Children (Company)	with Concer Inc
	847 W 18th	St, Address)	····
	(/	Address)	
	Hialeah, FL, 3301 (City/Stat	te and Zip Code)	
	american foc @	gnail. com	
	E-mail address: (to be use	d for future annual report notifica	ation)
For further informati	on concerning this matter, please	e call:	
Haril	o Ezaldein	at (305) 613 (Area Code & Daytin	4.055
(Name	of Contact Person)	(Area Code & Daytir	ne Telephone Number)
Enclosed is a check t	or the following amount made p	ayable to the Florida Department	t 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	Street Address	,
	ndment Section sion of Corporations	Amendment Section Division of Corporation	ons
P.O.	Box 6327	Clifton Building	•
Talla	hassee, FL 32314	2661 Executive Center	r Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

American Foundation.					
(Name of Corporation as cu	irrently filed	with the Florid	a Dept. of Star	<u>te</u>) ·	
N1 0000000					
•		poration (if kno	•		
Pursuant to the provisions of section 617.100 he following amendment(s) to its Articles o			da Not For Pr	ofit Corporatio	n adopts
A. If amending name, enter the new name	e of the corpo	oration:			
The new name must be distinguishable and				rporated" or t	 he
abbreviation "Corp." or "Inc." <u>"Company</u>		<u>iy noi be usea ii</u>	i ine name.		
B. Enter new principal office address, if a Principal office address MUST BE A STR		<u>(SS</u>)			_
		•		in the second se	10
		 		200	
C. Enter new mailing address, if applical				540 1897 510 1897 510 1997 510 1997 510 1997	-8 PM
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3
				***	_ <u>f.</u> ∛
				7	
D. If amending the registered agent and/o			Florida, ente	er the name of	the
new registered agent and/or the new re	egistereu om	ce address:			
Name of New Registered Agent:				_	٠
New Registered Office Address:	-	(Florida street a	ddress) :	-	
		(Ct.)		, Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if char hereby accept the appointment as registe position.	nging Register ered agent.	red Agent: I am familiar w	ith and accep	t the obligation	ns of the
· -	Signature o	f New Registered	l Agent, if char	nging .	

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)

<u>Title</u>	Name	Address	Type of Action
Vice Presiden	rt Mr. Michael Ingerto	7 Saranac Rd Soa Ranch Lakes, FL 33308	☐ Add 【 Remove
<u>Vice President</u>	Mr. Robert Stine	1700 SW 2 nd Ave Pompano Beach, FL: 33060	Add Remove
			☐ Add ☐ Remove
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific		
		·	
		,,,,	

The date of each amendment(s) ac	loption:
	(date of adoption is required)
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/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated	3/5/2010
Signature	
	hairman or vice chairman of the board, president or other officer-if direct
	been selected, by an incorporator – if in the hands of a receiver, trustee
other cot	int appointed fiduciary by that fiduciary)
	Harib Ezaldein
	(Typed or printed name of person signing)
	President.
	(Title of person signing)