# N10000001899

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend Ch 8 Mamu Ch 8 Mas/11/10

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: JOAN JOSEP	H MEMORIAL FOUN	DATION, INC.
DOCUMENT NUM	BER: N10000001899		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corro	espondence concerning this mat	ter to the following:	
	CLAIF	RE E. BAKER	
	(Name of	f Contact Person)	<del></del>
	(Firn	n/ Company)	
	800 VILLAGE SQ	ا 1630 WARE XING, SUITE	<b>t</b> b
	(	Address)	<del></del>
	PALM BEACH	GARDENS, FL 33410	
	(City/ Sta	ate and Zip Code)	
		cbakercpa.com ed for future annual report notif	ication)
For further information	on concerning this matter, pleas	se call:	
CLAIRE BAKER	•	<sub>at (</sub> 561 <sub>)</sub> 775-00	091
(Name	of Contact Person)	(Area Code & Day	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	Street Address	
	ndment Section ion of Corporations	Amendment Section Division of Corpora	
P.O.	Box 6327	Clifton Building	
Talla	hassee, FL 32314	2661 Executive Cen	nter Circle

Tallahassee, FL 32301

#### **Articles of Amendment**

to

### Articles of Incorporation of

Joan Josep	h mem	orialf	unda.	100 ,
(Name of Corporation as cu	rrently filed with	the Florida Dept. o	of State)	Inc
N1	10000001899			•
(Document N	lumber of Corporati	ion (if known)		
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		, this <i>Florida Not F</i>	For Profit Corporati	on adopts
A. If amending name, enter the new name	e of the corporation	<u>n:</u>		
JOAN JOS	EPH FOUNDAT	ION, INC.		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company				the
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)				
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF			10 MA	SECRETARY OF STATE OF SECRETARY OF STATE OF SECRETARY OF STATE OF
D. If amending the registered agent and/onew registered agent and/or the new re			a, enter the name o	fune gr
Name of New Registered Agent:		11 C33.		
New Registered Office Address:	(Flori	ida street address)		
			, Florida	<del></del>
		(City)	(Zip Code	9
New Registered Agent's Signature, if char I hereby accept the appointment as registe position.			accept the obligation	ons of the
_	Signature of New	Registered Agent,	if changing	

## 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>	<u>Name</u>		<u>Address</u>	Type of Action
			· · · · · · · · · · · · · · · · · · ·	☐ Add☐ Remove
				Add Remove
	<del></del>			
	idditional sheets, i		enter change(s) here: specific)	
Upon dis	solution of this	organization, ass	sets shall be distributed	for one or more exempt
purposes	within the mea	aning of section 5	501(c)(3) of the Internal I	Revenue Code, or
correspon	nding section o	f any future fede	ral tax code, or shall be	distributed to the federa
governme	ent, or to a state	e or local govern	ment, for a public purpo	se.
		<del></del>		
- 0 H21 - 11 - 21 11 -				
* ,				

The date of each amendmen	it(s) adoption: 2/23/2010
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/w was/were sufficient for app	ere 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 irectors.
Dated_2/24	4/2010
ha	y the chairman of vice chairman of the board, president or other officer-if directors ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	MARY JANE RANGE
	(Typed or printed name of person signing)
	CHAIR
	(Title of person signing)