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amend/ name change

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D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | ioncology Society, North | n America, I | nc | _ | _ |
|---|---------------------------|------------------------|--|------------|---|
| DOCUMENT NUMBER: | | | | | _ |
| The enclosed Articles of Amendment and fee are su | | | | | |
| Please return all correspondence concerning this ma | tter to the following: | | | | |
| Dr. Eric E. Harrison | | | | | |
| | (Name of Contact Per | son) | | | - |
| International Cardioncology Society, North Americ | ea, Inc | | | | |
| | (Firm/ Company) | | | | - |
| 901 South Oregon Avenue | | | | | |
| | (Address) | | | | _ |
| Tampa, FL 33606 | | | | * | |
| | (City/ State and Zip C | ode) | | 7 | ہمتے کے میں جات ا |
| echarrison@hotmail.com | | | | *** | |
| E-mail address: (to be us | ed for future annual repo | rt notificatio | n) | | - سر در |
| For further information concerning this matter, pleas | se call: | | | 9 | |
| Brett Harrison | at | 813 | 786-2732 | ಹ | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| (Name of Contact Perso | on) (| (Area Code) | (Daytime Telepho | ne Number) | – ຜາ |
| Enclosed is a check for the following amount made p | payable to the Florida Do | epartment of | State: | | |
| \$35 Filing Fee \$35 Certificate of Status | _ | Certi Certi (Add | 60 Filing Fee ficate of Status fied Copy itional Copy is osed) | | |
| Mailing Address Amendment Section | | et Address | ion | | |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2019

DR. ERIC E. HARRISON INTERNATIONAL CARDIONCOLOGY SOCIETY, 901 SOUTH OREGON AVENUE TAMPA, FL 33606

SUBJECT: INTERNATIONAL CARDIONCOLOGY SOCIETY, NORTH

AMERICA, INC

Ref. Number: N10000002542

We have received your document for INTERNATIONAL CARDIONCOLOGY SOCIETY, NORTH AMERICA, 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 date of adoption of each amendment must be included in the document.
- Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).
- If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed 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.

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 (859) 245-6050.

Diarie Cushing Senior Section Administrator

Letter Number: 519A00021271

Articles of Amendment to Articles of Incorporation of

International Cardioncology Society, North America, Inc

| (Name of Corporation as curre | ently filed with the Florida Dept. of Sta | <u>te</u>) |
|---|---|---------------------------|
| N10000002542 | | |
| (Document Nun | nber of Corporation (if known) | , |
| Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation: | utes, this Florida Not For Profit Corpora | tion adopts the following |
| A. If amending name, enter the new name of the corpor- | ation: | |
| International Cardio-Oncology Society, Z.c. | | The new |
| name must be distinguishable and contain the word "corport" (Company" or "Co." may not be used in the name. | ration" or "incorporated" or the abbrevi | ation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES. | N/A S) | |
| , , , , , , , , , , , , , , , , , , , | | |
| | | <u> </u> |
| C. Enter new mailing address, if applicable: | N# 1 | |
| (Mailing address MAY BE A POST OFFICE BOX) | N/A | <u> </u> |
| | | 8 8 |
| | | (5) |
| | | |
| D. If amending the registered agent and/or registered of | ffice address in Florida, enter the name | of the |
| new registered agent and/or the new registered office | e address: | မှာ နေ |
| Name of New Registered Agent: | <u> </u> | <u> </u> |
| | <u> </u> | |
| Many Designation of Office Address: | (Florida street address |) |
| New Registered Office Address: | | |
| | | Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registere | ed Agent: | |
| hereby accept the appointment as registered agent. I am | familiar with and accept the obligations | of the position. |
| | | |
| | | |
| | Signature of New Registered Agent, if cl | ianging |

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 X Remove X Add | <u>V</u> <u>N</u> | ohn Doe fike Jones ally Smith | · | |
|-----------------------------------|--|-------------------------------------|---|-----------------|
| Type of Action (Check One) | <u>Title</u> | <u>Namc</u> | | <u>Addres</u> s |
| 1) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | - | - | |
| Remove | | | | |
| | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| , Remove | | | | |
| | | | | |
| 6) Change | - · · · · · · · · · · · · · · · · · · · | | | <u></u> |
| Add | | | | |
| Remove | | | | |

| (attach additional sheets, if necessary). (Be specific) | | | | |
|---|---|--|--|--|
| Be it resolved that the International Cardioncology Society, North America (ICOSNA) be renamed | | | | |
| the International Cardio-Oncology Society while its mission will remain the same in the bylaws to support | | | | |
| the conjoint science of cardiology and oncology in research and education. | | | | |
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E. If amending or adding additional Articles, enter change(s) here:

| The date of each amendment(s) adoption: October 15, 2019 date this document was signed. | , if other than the |
|--|---------------------|
| Effective date <u>if applicable</u> : (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records. | t be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| 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 | |
| Signature William Will | <u></u> |
| (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 | |
| Typed or printed name of person signing) | MD. |
| ch of the board of The (Title of person signing) | stees |