N10000003105

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TALLAHASSEE FIORE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HESA Resear	rch Foundation, Inc.	
DOCUMENT NUM	IBER: N10000003105	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
	<u>-</u>	atrick S. Sweeney	
	(Name of	f Contact Person)	
	Sweeney	& Sweeney, S.C.	
	(Firm	n/ Company)	
	440 Scienc	e Drive, Suite 101	
	(Address)	
	Madis	on, WI 53711	
	PATRICIO E-mail address: (to be uso	nte and Zip Code) OUTEN AU CON ed for future annual report notific	ation)
For further information	on concerning this matter, pleas	e call:	
	ey/Carol L. Meyer of Contact Person)	at (608) 238-444 (Area Code & Dayti	14 me Telephone Number)
		payable to the Florida Departmen	
□\$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		Street Address Amendment Section	,
	ion of Corporations	Division of Corporation	ons
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Cente	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HESA Resear	ch Founda	tion, Inc.	
(Name of Corporation as curren	tly filed with t	he Florida Dept. of St	ate)
N100	00003105		
(Document Numb	er of Corporati	on (if known)	The same share the sa
Pursuant to the provisions of section 617.1006, Figure 1.1006, Figure 1.1006, Fundament (s) to its Articles of Inc.		this Florida Not For I	Profit Corporation adopts
A. If amending name, enter the new name of	the corporation	<u>a:</u>	
Mind Matter Re	search Foun	dation, Inc.	
The new name must be distinguishable and corabbreviation "Corp." or "Inc." <u>"Company" or</u>			corporated" or the
B. <u>Enter new principal office address, if appli</u> Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u> D. If amending the registered agent and/or re		address in Florida, en	TO SEP -7 PM 1: 55 he SEUNET ARY OF STATE of the TALLAHASSEE, FLORIDA oter the name of
new registered agent and/or the new regist			the table of the
Name of New Registered Agent:			<u></u>
New Registered Office Address:	(Flori	da street address)	_
_			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered position.			ept the obligations of the
Sig	gnature of New	Registered Agent, if ch	 anging

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
			Remove
		<u> </u>	
E. <u>If amer</u> (a <i>ttach d</i>	ading or adding additional Artic additional sheets, if necessary).	les, enter change(s) here: (Be specific)	

i ne date of each amendment(s) :	adoption: August 24, 2010
•	(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 a was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.
✓ There are no members or men adopted by the board of director	abers entitled to vote on the amendment(s). The amendment(s) was/were ors.
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
	Patrick S. Sweeney (Typed or printed name of person signing)
_	Director (Title of person signing)