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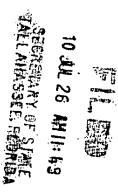
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Amend C.COULLIETTE

JUL **2 6** 2010

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Belize International Diabetes Support Inc.	<del>.</del>
DOCUMENT NUMBER: <u>W10000018069</u>	-
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Randolph Leslie	
(Name of Contact Person)	
Belize International Diabetes Support, Inc	
(Firm/Company)	
2586 Centergate Dr #105	
(Address)	.*
Miramar, FL 33025	
(City/ State and Zip Code)	
info@abcsvcsgrp.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ronnie Leslie	
(Name of Contact Person) (Area Code & Daytime Telephone Num	ber)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee & Certificate of Status Certified Copy Certificate of S	_
(Additional copy is Certified Copy enclosed) (Additional Co	
Mailing Address Amendment Section  Street Address Amendment Section	••
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building	
Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

	tional Diabetes	<del></del>	<del></del>	
(Name of Corporation as		the Florida Dept. of Stat	<u>e</u> )	
<u> </u>	0003137	•		
(Document	Number of Corporat	ion (if known)		
Pursuant to the provisions of section 617.1 the following amendment(s) to its Articles	of Incorporation:	:	ofit Corporation adop	ts
A. If amending name, enter the new na	me of the corporatio	<u>n:</u>		
The new name must be distinguishable a abbreviation "Corp." or "Inc." "Compa			rporated" or the	
B. Enter new principal office address, i				
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS )	,		
	• . •			
			- 3-6-	, 
C. Enter new mailing address, if applie	cable:	1.1	2 C	- City
(Mailing address MAY BE'A POST C		ing sa Tagain an ing ang kabupatèn kalanggaranggaranggaranggaranggaranggaranggaranggaranggaranggaranggaranggar Sa tagain sa tagain		Californi S
			<u> </u>	
D. If amending the registered agent and	d/or registered office	address in Florida ente	er the name of the	
new registered agent and/or the new	registered office ad	dress:	:	
· · · · · · · · · · · · · · · · · · ·		•		
Name of New Registered Agent:	f. <del>7</del>	<u> </u>	<del>-</del> . :	
	. •. <u>•. • • • • • • • • • • • • • • • •</u>		· .	
New Registered Office Address:	(Flor	ida street address)		
			_, Florida	
		(City) .	(Zip Code)	
New Registered Agent's Signature, if ch		gonts		
I hereby accept the appointment as regi position.	stered agent. I am	familiar with and accep	t the obligations of t	he
	Signature of New	Registered Agent, if char	nging	

Page 1 of 3

## 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)

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		Bronx, NY 10467	☑ Remove
			<del></del>
<u>D</u>	John McFadzean	823 East 219 St	
		Bronx, NY 10467	Remove
			<del></del> .
			Remove
E: If amendi	ing or adding additional Articles, ent	er change(s) here:	
(attach add	ditional sheets, if necessary). (Be spe	cific)	
			•
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and the same of th			<u> </u>
المسائشي بيتا	فَقُلِ الْمُعِيدِينَّ وَكُمْ أَنْهُ عَمْدِ إِنَّانَ فَعَمْ لَنْ مَعْدُمِينَ وَهُمُمَا مَعْمُمُونَ أَعَمَا لِيَ	الله في الله الله الله الله الله الله الله الل	the first and the same of the same
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en e	
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The date of each amendment(s) ad	option: 07////0
Effective date if applicable:	(dute of adoption is required).
	(no more than 90 days after amendment file date) :
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were
Dated 07/11/10	
Signature (By the ch	nairman or vice chairman of the board, president or other officer-if director
have not l	been selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary).
	Randolph Leslie
er en	(Typed or printed name of person signing)
	President
	(Title of person signing)

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