N1000005662.

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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PAGE 01

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	DRATION: BKH Humanit	tarian Fo	<u>oundatio</u>	n Inc	
DOCUMENT NUM	MBER: N10000005662	<u>. </u>			
The enclosed Article	es of Amendment and fee are su	bmitted for	filing.		
Please return all con	respondence concerning this ma	tter to the f	ollowing:		
		tine Bigel			
•	(Name o	f Contact P	erson)		
	Kristine M I				
	(Біл	n/ Compan	y)		
<u>. </u>	6630 Embassy Boulevard				
	((Address)			
	Port Ric	hey, FL	34668		
•	(City/ Str	ate and Zip	Code)		
~	pstrach@delf E-mail address; (to be use				(m)
For further informat	ion concerning this matter, please		c aggress to	port notineut.	ony
Pauline Strach		at (727	868-8373	
(Nam	e of Contact Person)	\	(Area Coo	le & Daytime	Telephone Number)
Enclosed is a check	for the following amount made j	payable to	the Florida	Department o	f State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing I led Copy tional copy sed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Street Ad		is onerodous,
	endment Section		Amendment Section		
Division of Corporations			Division of Corporations Clifton Building		
	Box 6327			utive Center C	irele
Tallahassee, FL 32314			2001 11460	MILLAC COLLIGI C	11010

Tallahaunce, FL 32301

	NOV.	15 2010 3:45PM Fax St	ation:	p . 3
.1/15/2010	15: 40	7278169333	BIGELOW	PAGE 02 FILED
,	-~		cles of Amendment to les of Incorporation of	2010 NOV 16 PM 3 SECRETARY OF STA TALLAHASSEE: FLO
	,	BKH Humanita	arian Foundation Inc	
	(Nam		ntly filed with the Florida Dept. of Sta	ate)
			00005662 ber of Corporation (if known)	
			ntain the word "corporation" or "inco- "Co." may not be used in the name.	orporated" or the
•				
B. Enter	new princ l office add	ipal office address, if appl ress <u>MUST BE A STREE</u> T	icable: I ADDRESS)	
B. Enter (Principal	l office add	ipal office address, if appl iress <u>MUST BE A STREE</u> ing address, if applicable: MAY BE A POST OFFIC	TADDRESS)	

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address)

(City)

Florida_

(Zip Code)

Received Fax :

Nov 15 2010 3:45PM Fax Station :

11/15/2010 15:40

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BIGELOW

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removed a	ind title, name, and address of each	ch Officer and/or Director being	g added:
<u>Title</u>	Name	Address	Type of Action
			Add Remove
(attach	nding or adding additional Article additional sheets, if necessary). (it		
	inization is organized exclusiv	ely for charitable, health, an	nd educational
	under section 501(c)(3) of th		
section o	f any future federal tax code.		

The date of each amendmen	t(s) adoption: November 15, 2010
Effective date if applicable:	(date of adoption is required) November 15, 2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we 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 a adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Nazeer Khan
	(Typed or printed name of person signing)
	Secretary/Treasurer
	(Title of person signing)