

N 10000006504

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
4DIABETES FOUNDATION OF AMERICA, INC.

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WLC & Amend.

12-7-10

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December 6, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations
4DIABETES FOUNDATION OF AMERICA, INC.
2828 CORAL WAY
300
MIAMI, FL 33145

SUBJECT: 4DIABETES FOUNDATION OF AMERICA, INC.
REF: N10000006504

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

IS PABLO TRUJILLO BEING ADDED OR REMOVED AS A DIRECTOR?????

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 (850) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Ref. #: N10000341477
Letter Number: 210A00028289

RECEIVED
10 DEC -7 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

4DIABETES FOUNDATION OF AMERICA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000006504

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

DIABETES FOUNDATION OF AMERICA, INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

GASTON R. ALVAREZ

New Registered Office Address:

2828 CORAL WAY #300

(Florida street address)

MIAMI

(City)

Florida 33145

(Zip Code)

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

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 TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>FAUSTO ALVAREZ</u>	<u>2828 CORAL WAY SUITE 300</u> <u>MIAMI FL 33145</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>ARMANDO E. RUANO</u>	<u>2828 CORAL WAY SUITE 300</u> <u>MIAMI FL 33145</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>PABLO TRUJILLO</u>	<u>2828 CORAL WAY SUITE 300</u> <u>MIAMI FL 33145</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

[illegible]


The date of each amendment(s) adoption: 12-03-2010
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 12-03-2010

Signature 
(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)

FAUSTO ALVAREZ
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)