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SLERE TARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Betty Allen Ovaria	n Cancer Foundation LC '
DOCUMENT NUMBER: NI 00000	15BO
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Sharie Kearns and/or Angela AbuShahin (Na	nme of Contact Person)
Betty Allen Ovarian Cancer Foundation, Inc.	(Firm/ Company)
13300-56 S Cleveland Ave #645	
	(Address)
Ft Myers, FL 33907	
(Ci	ty/ State and Zip Code)
Sharie@ovariancancerfl.org E-mail address: (to be used for	angela.abushahin@me.com future annual report notification)
For further information concerning this matter, please call	:
Angela AbuShahin	at (<u>314</u>) <u>409-7787</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payab	le to the Florida Department of State:
(S43.75 Filing Fee & S2.50 Filing Fee Certified Copy Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

Articles	s of Amendment
· · · Articles	of Incorporation of 12 OEC rida Dept. of State)
	of
Betty Allen Ovarian Cancer Foundation, Inc.	SOFU CORPORT
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
	17 R. 3.
(Document Number of Corpora	tion (if Import)
(Document Number of Corpora	ition (II known)
Pursuant to the provisions of section 617.1006, Florida Statutes unendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
. If amending name, enter the new name of the corporation	on:
NIA	The new
name must be distinguishable and contain the word "corporate	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
Company" or "Co," may not be used in the name.	
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	A / / A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13300-56 S Cleveland Ave #645
	Ft Myers, FL 33907
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office ac	
Name of New Registered Agent:	
Nume of New Registered Agent.	/ ^
	<u>/+\</u>
New Registered Office Address:	(Florida street 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.

(City)

Signature of New Registered Agent, if changing

Page 1 of 4

Florida (Zip Code)

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 <math>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>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) ChangeX_ Add	_TD	Angela D. AbuShahin	11106 Oxbridge Way Ft Myers, FL 33913
Remove 2) Change X Add	VD	Nicole Laquis	19846 Markward Crossing. Estero, FŁ 33928
Remove 3) Change X Add Remove	_SD	Trish Cronan	5753 Hidden Hammock Drive, Fort Denaud, FL 33935
4) Change Add X Remove	TD	lames W. Orr	8831 COLONIAL CENTER DR Suite 400 FT MYERS FL 33905
5) Change Add X Remove	SD_	JEANETTE SOPHIA KIEKBUSCH	2952 N SEMINARY #1 CHICAGO IL 60657
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
N/A				
				

The date of each amendment(s) adoption:						
Effe	Effective date if applicable: (no more than 90 days after amendment file date)					
Ada	option 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.					
X	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 11/15/12					
	Signature Work Works					
	(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)					
	Angela Abushahin					
	(Typed or printed name of person signing)					
	I reasurer DD Mumber.					
	(Title of person signing)					