N1000001540

(Pe	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(ne	questors marrier	
	drano)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to		
Special Instructions to	Filing Officer:	į
<u> </u>		

Office Use Only



300285287323

05/06/16--01015--018 **43.75

SEGRETARY DESTARE

2816 MAY - 6 AM 10: 4(

MAY 0 9 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		Cancer Foundation, Inc	.	· ·		
DOCUMENT NUMBER:	N11000001580					
DOCUMENT NUMBER:				· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Am	nendment and fee are subm	itted for filing.				
Please return all corresponde	ence concerning this matter	to the following:				
Sharie Kearns						
		Name of Contact Pers	6 a) \$.	\$ \$	* .	8
The Betty Allen Gynecolog	ic Cancer Foundation, Inc.			•	, 3	
	····	(Firm/ Company)				
18170 Parkridge Circle						
· , , -	· · · · · · · · · · · · · · · · · · ·	(Address)			······································	
Ft. Myers, FL 33908						
	(City/ State and Zip Co	de)		· · · · · · · · · · · · · · · · · · ·	
sharie@ovariancancerfl.org						
E	-mail address: (to be used	for future annual repor	t notification	n)		
For further information conc	erning this matter, please o	all:				
Sharie Kearns		at	:39	466-4567		
	(Name of Contact Person)		Area Code)	(Daytime Tel	ephone Nur	nber)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida De	partment of	State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)		
Mailing A			et Address	ion		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Betty Allen Ovarian Cancer Foundation, Inc.			
(Name of Corporation as curren	tly filed with the	Florida Dept. of State)	
N11000001580			
(Document Numb	er of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida N</i> e	ot For Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corporati	ion;		
The Betty Allen Gynecologic Cancer Foundation, Inc.			The new
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	tion" or "incorpo	orated" or the abbreviation "Corp.'	
B. Enter new principal office address, if applicable:	N/A		多艺
Principal office address <u>MUST BE A STREET ADDRESS</u>)		82 E0
			
			108107 2012
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		다. 1
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		rida, enter the name of the	***************************************
Name of New Registered Agent: N/A			
		(Florida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fair		ccept the obligations of the position	
S	ignature of New I	Registered Agent, if changing	 .

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 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>V</u> <u>Mik</u>	n <u>Doe</u> te <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	s	Karen A. Richards	16721 Cabreo Drive
X Add			Naples, FL 34110
Remove			
2) Change			
Add			
Remove			
3) Change			······································
Add			
Remove			MATERIAL STATE AND ADDRESS OF THE STATE OF T
4) Change		***************************************	
Add			-
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Article III is amended to read:
1. The Betty Allen Gynecologic Cancer Foundation, Inc. is established to ensure that Research, Education, Screenings
and Treatments are perfected to save the lives of women and girls diagnosed with gynecologic cancers.
2. No substantial part of the activities of the corporation shall consist of the carrying on of propaganda or otherwise
attempting to influence legislation, and the corporation shall not participate in, or intervene in, any political campaign on
behalf of any candidate for public office.
3. The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such
purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the
Internal Revenue Code, or the corresponding section of any future federal tax code.

	this document was signed.	, if other than the
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
Ado	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.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	5/2/2016 Dated	
	Signature Shave Heaves	
	(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)	
	Sharie Kearns	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	