N11000003872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Amend
JBrown 7-11-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE SCOTT COOPERSMITH STROKE AWARENESS

DOCUMENT NUMBER: N11000003872

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEANNA COOPERSMITH
(Name of Contact Person)

THE SCOTT COOPERSMITH STROKE AWARENESS FOUNDATI
(Firm/ Company)

344 OLD ALEMANY PLACE
(Address)

OVIEDO, FL 32765
(City/ State and Zip Code)

SCSAF@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEANNA COOPERSMITH at (772) 485-0571
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☑ $35 Filing Fee

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

☐ $52.50 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
of

THE SCOTT COOPERSMITH STROKE AWARENESS FOUNDATION, INC.

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

N11000003872

(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:

_____

*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)

_____
_____
_____

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TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____
(Florida street address)

_____, Florida_____
(City) *(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

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)

Title	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

PURPOSE CLAUSE: THE PURPOSE OF THIS NOT for PROFIT ORGANIZATION IS TO HELP RAISE FUNDS FOR OTHER LOCAL ORGANIZATIONS AND HELP RAISE AWARENESS TO THE COMMUNITY ABOUT STROKE AWARENESS. ALL NET PROCEEDS FROM OUR CHARITY EVENTS WILL BE DONATED TO THESE ORGANIZATIONS TO HELP BENEFIT RESEARCH, AWARENESS, AND TREATMENT OF STROKES IN INDIVIDUALS OF ALL AGES.

DISSOLUTION CLAUSE: UPON DISSOLUTION OF THIS NOT for PROFIT, WE WILL DONATE ALL OF OUR ASSETS TO THE FLORIDA HOSPITAL NEUROSCIENCE INSTITUTE IN ORLANDO FLORIDA.

The date of each amendment(s) adoption: 07-11-2011

(date of adoption is required)

Effective date if applicable: 07-11-2011

(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 7-11-2011

Signature Deanna Coopersmith

(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)

DEANNA COOPERSMITH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)