

N11000004238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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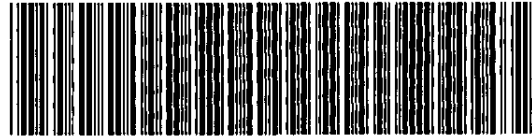
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

*Amend
Returns
6-16-11*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HYDRANENCEPHALY FOUNDATION INC

DOCUMENT NUMBER: N1100000 4238

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

Please return all correspondence concerning this matter to the following:

CONRAD M MALLOY
(Name of Contact Person)

HYDRANENCEPHALY FOUNDATION INC
(Firm/ Company)

506 STONE RIDGE DR
(Address)

LANSING MI 48917 2478
(City/ State and Zip Code)

CMALLOY38@SBCCGLOBAL.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CONRAD M MALLOY at (517) 3215161
(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

PREVIOUSLY SUBMITTED WITH AN
EARIER REQUEST FOR SAME
CHANGE.

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

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

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

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2011

KAMALA E.R. TRIBUS
HYDRANENCEPHALY FOUNDATION INC
4318 WHITELEAF COURT
PENSACOLA, FL 32504

SUBJECT: HYDRANENCEPHALY FOUNDATION INC
Ref. Number: N11000004238

We have received your document for HYDRANENCEPHALY FOUNDATION INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by an officer.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 111A00012620

Articles of Amendment
to
Articles of Incorporation
of

HYDRANENCEPHALY FOUNDATION INC

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

N/11000004238

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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.

N/A

Signature of New Registered Agent, if changing

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TALLAHASSEE FLORIDA

FILED

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

EIN #45-2173516

The date of each amendment(s) adoption: 4/30/2011
(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 6/6/2011

Signature Conrad M Malloy D/T
(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)

CONRAD M MALLOY
(Typed or printed name of person signing)

DIRECTOR / TREASURER
(Title of person signing)