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R. WHITE

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Opiate Awa	areness In	stitute, Inc.		
DOCUMENT NUMBER: N110000071				
The enclosed Articles of Amendment and fee are submitted	ted for filing.			
Please return all correspondence concerning this matter to	o the following:			
Ronald D. Hayward				
	ame of Contact Person	)		
<b>Opiate Awareness Institut</b>	e			
	(Firm/ Company)			
11125 Park Blvd., Suite 1	04-133			
	(Address)			
Seminole, FL 33772				
(C	ity/ State and Zip Code	)		
rondhayward@gma	ail.com			
E-mail address: (to be used fo	r future annual report n	otification)		
For further information concerning this matter, please cal	1:			
Ronald Hayward727379-4034				
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)		
Enclosed is a check for the following amount made payal	ole to the Florida Depar	rtment of State:		
■ \$35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  (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	Amendi Division	Address ment Section n of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to **Articles of Incorporation** of

## FILES 14 MAR -6 PM 12: 10

### Opiate Awareness Institute, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N11000007121

(Document Number of Corporation (if known)

ame must be distinguishable and com Company" or "Co." may not be used		ation" or "incorporated" or the abbreviation "Corp." o
. Enter new principal office addres		11125 Park Blvd.
Principal office address <u>MUST BE A STREET ADDRESS</u> )		<sup>)</sup> Suite 104-133
•		Seminole, FL 33772
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11125 Park Blvd.
	T OFFICE BOX)	iiizo i aik Biva.
	<u>T OFFICE BOX</u> )	Suite 104-133
(Mailing address <u>MAY BE A POS</u>		Suite 104-133 Seminole, FL 33772
(Mailing address MAY BE A POS	and/or registered offi new registered office : nt:	Suite 104-133 Seminole, FL 33772
If amending the registered agent new registered agent and/or the investment of New Registered Agent	and/or registered offi new registered office: nt: 11125 Park	Suite 104-133  Seminole, FL 33772  ice address in Florida, enter the name of the address:
(Mailing address MAY BE A POS  If amending the registered agent new registered agent and/or the registered agent agent and/or the registered agent and/or the registered agent a	and/or registered offi new registered office: nt: 11125 Park	Suite 104-133 Seminole, FL 33772  lice address in Florida, enter the name of the address:  Blvd., Suite 104-133  (Florida street address)

Page 1 of 4

## 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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>ones</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change		_			
Add				*** · · ·	
Remove					
3) Change		_			
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4) Change		_			
Add					
Remove					
5)Change		<del></del>			
Add					
Remove					
6) Change		_			
Add					
Remove					

E.	If amending, or adding	additional A	rticles,	enter change(s	<u>) here</u> :
	(attach additional sheets			specific)	

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Said organization is organized exclusively for charitable, religious, educational, and/or scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future tax code. Article IX Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in which the principle office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

date this document was signed.	юрноя:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were pers.	
Dated	sech 3, 2014	
Signature Y	ALD Huseword	
(By the chair have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Ronald D	). Hayward	
	(Typed or printed name of person signing)	
Presiden	t	
-	(Title of person signing)	