

N110000008212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

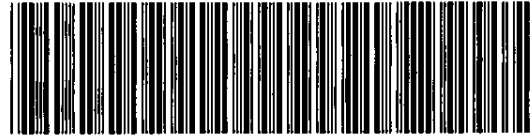
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrects document
by telephone call
th 2-8-12

Office Use Only



600216382876

01/06/12--01014--021 **35.00

Amend

FILED
12 FEB -8 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 08 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2012

MELISA B. ELLIOTT
WOLFE FINANCIAL GROUP
1515 INTERNATIONAL PKWY STE 1001
LAKE MARY, FL 32746

SUBJECT: JAMIE HYMON BRAIN CANCER FOUNDATION INC
Ref. Number: N11000008212

We have received your document for JAMIE HYMON BRAIN CANCER FOUNDATION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 312A00000461

RECEIVED

12 FEB -8 AM 8:17

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jamie Hymon Brain Cancer Foundation, Inc.

DOCUMENT NUMBER: N11000008212

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

Please return all correspondence concerning this matter to the following:

Melisa Elliott

(Name of Contact Person)

Wolfe Financial Group

(Firm/ Company)

1515 International Pkwy Ste. 1001

(Address)

Lake Mary, FL 32746

(City/ State and Zip Code)

pathym1957@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melisa Elliott

(Name of Contact Person)

at 407 333-0355

(Area Code & Daytime Telephone Number)

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

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Jamie Hymon Brain Cancer Foundation Inc

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

N11000008212

(Document Number of Corporation (if known))

FILED
12 FEB -8 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

(Florida street address)

New Registered Office 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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

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

[illegible]

The date of each amendment(s) adoption: 1-31-12

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

Signature

1/31/12
James E. Hymowitz

(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)

JAMES E. HYMOWITZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

ARTICLES OF AMENDMENT
TO
Articles of Incorporation
of
Jamie Hymon Brain Cancer Foundation, Inc

The undersigned incorporator, for the purpose of forming a Florida non-profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is: Jamie Hymon Brain Cancer Foundation, Inc

Article II

The principal place of business address:
122 South Shadow Bay Dr.
Orlando, FL 32825

The mailing address of the corporation is:
122 South Shadow Bay Dr.
Orlando, FL 32825

Article III

The purpose for which this corporation is organized is exclusively charitable within the meaning of Section 501(c)(3) of the Internal Revenue Code or the corresponding provision of any future United States Internal Revenue Law. To provide housing and other assistance for families of patients being treated at community medical facilities.

Article IV

The manner in which directors are elected or appointed is:
As provided for in the bylaws.

Article V

The name and Florida street address of the registered agent is:
James Hymon
122 South Shadow Bay Dr.
Orlando, FL 32825

Article VI

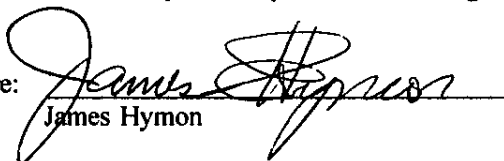
Limitations of Activities: No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Articles Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article VII

Dissolution: Upon the Dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for the public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation 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.

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature:

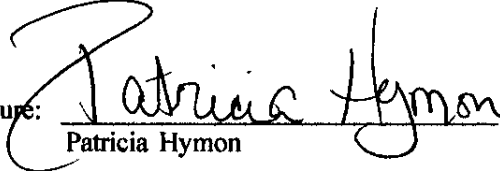

James Hyman

Article VI

The name and address of the incorporator is:

Patricia Hymon
122 South Shadow Bay Dr.
Orlando, FL 32825

Incorporator Signature:


Patricia Hymon

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
James Hymon
122 South Shadow Bay Dr.
Orlando, FL 32825

Title: VP
Patricia Hymon
122 South Shadow Bay Dr.
Orlando, FL 32825

Article VIII

The effective date for this amendment shall be: