N11000011091

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12 OCT -8 PM 4: 05

OCT 0 8 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations		_	
NAME OF CORPORATION: HOPPING	3 4 A CUR	E, INC	
DOCUMENT NUMBER: N11000011	091		
	in d for films		
The enclosed Articles of Amendment and fee are sub-	mitted for fining.		
Please return all correspondence concerning this matter	er to the following:		
Jill R. Ginsberg, Esq.			
	(Name of Contact Person	on)	
Law Office of Jill R. Gins	sberg, PL		
	(Firm/ Company)		
401 E. Las Olas Blvd., S	te 1400		
	(Address)		
Fort Lauderdale, FL 333	01		
	(City/ State and Zip Co	de)	
ginzotax@att.net			
E-mail address: (to be used	•	t notification)	
For further information concerning this matter, please	call:		
Jill R. Ginsberg	954	<u>332-2310</u>	
(Name of Contact Person)	(Area (Code & Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	yable to the Florida Dep	partment of State:	
■ \$35 Filing Fee	□\$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	Street Address		
Amendment Section Division of Corporations		Amendment Section	
P.O. Box 6327		Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DIVISION OF CORPORATIONS
12 OCT - CORPORATIONS
12 OCT -8 PM 4: 05

HOPPING 4 A CURE, INC.	4: 0
(Name of Corporation as currently filed with the F	Florida Dept. of State)
N11000011091	
(Document Number of Corp	oration (if known)
ursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	rutes, this Florida Not For Profit Corporation adopts the follow
. If amending name, enter the new name of the corpor	ration:
N/A	The
ame must be distinguishable and contain the word "corpo Company" or "Co," may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "In
B. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>is</u>)
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 o	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	e address:
Name of New Registered Agent: N/A	
	(Florida street address)
<u>New Registered Office Address</u> :	
	, Florida
(Cit	ty) (Zip Code)
dew Registered Agent's Signature, if changing Register	
hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signature of New Reg	gistered Agent, if changing

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	PT John V Mike SV Sally	Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addręs</u> s
1) Change			
Add			
2) Change			
Add Remove			
3) Change		 	
Remove			
4) Change		****	
Add			
5) Change			
Add			
6) Change			
Add			
Remove			

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

Adding the following: ARTICLE III
The specific purpose for which this corporation is organized is to
raise money in order to give college scholarships to individuals who
have been diagnosed with Multiple Sclerosis or whose family
members have been diagnosed with Multiple Sclerosis; to offer
caregiver support to families whose members have been diagnosed
with Multiple Sclerosis and need additional assistance; and to
donate to organizations who actively participate in alternative
Multiple Sclerosis research.

The date of each amendment(s) adoption: 07/31/2012				
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 (By the chairman or-wice/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)				
Marla J. Nassau				
(Typed or printed name of person signing)				
President				
(Title of person signing)				