N12000000734

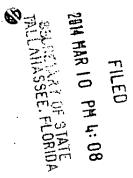
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000257625680

03/10/14--01030--021 **43.75



3/17/14

COVER LETTER

TO: Amendment Section Division of Corporations

Actrx Foundation	on, Inc.	
N1200000734		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
Robert Barron		
	(Name of Contact P	erson)
Actrx Foundation, Inc.		
	(Firm/ Company	/)
11011 US Highway 1		
	(Address)	
North Palm Beach, FL 33408		
	(City/ State and Zip	Code)
rhb@theactrxfoundation.org		
E-mail address: (to be use	d for future annual re	port notification)
For further information concerning this matter, please	e call:	
Robert Barron	561	629-7700
(Name of Contact Person)	at ((Arc	ea Code & Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida	Department of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certificate of Status
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

	FILED				
(Name of Corporation as currently filed with the N12000000734	he Florida Dept. of State)	2014 MAR 1 O			
(Document Number	r of Corporation (if known)	TALLAHASSE	E. FLORIDA		
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For</i>				
A. If amending name, enter the new name of the corp N/A	poration:		Th		
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated	" or the abbreviat			
B. Enter new principal office address, if applicable:	11011 US Highw	ay 1			
Principal office address MUST BE A STREET ADDR	RESS) North Palm Beac	North Palm Beach, FL 33408			
					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11011 US Highw	ay 1			
	North Palm Bead	ch, FL 33408			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name o	the .		
	Robert H Barron				
	Highway 1				
New Registered Office Address:	(Florida street address)				
NEW REVINEIEG CHICE MAGTERY	m Beach	33	400		
North Pair	III Deach	, Florida	408		

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>Y</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</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		_		
Add				
Remove				
4) Change	-	_		
Add Remove				
Kemove				
5) Change		_		
Add				AUG SELEC
Remove				
6) Change		_		
Add				
Remove				

If amending or adding (attach additional sheet	s, if necessary).	(Be specific)			
/A					
	-				
					
			······································		
		M			
				<u> </u>	
					<u>.</u>
				······································	
			· · · · · · · · · · · · · · · · · · ·		
			* 186188 *******		
		,			
					
			0		
-			· ···· ·		

The date of each amendment(s) adoption:	, if other than the
date this document was signed. March 1, 2014	
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(was/were sufficient for approval.	(s)
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 March 1, 2014 Signature 1997	
(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)	
Robert H Barron	
(Typed or printed name of person signing) Chairman & CEO	
(Title of person signing)	