N13000006147

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C. LEWIS

AUG 1 5 2013

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: The Anser Indicus Foundation Inc. DOCUMENT NUMBER: N13000006147 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Hector Sunol** (Name of Contact Person) The Anser Indicus Foundation Inc. (Firm/ Company) 350 South Miami Ave. Apt 2111 (Address) Miami, FL 33130 (City/ State and Zip Code) hsunol@anserindicus.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Hector Sunol** (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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

4	of	
The Anser To	dicus Foundation Inc.	
(Name of Corporation as currently filed with the Flor		
MIZANA	20/11/7	
(Document Number of Corpora	orion (if known)	
(Document Number of Corpora	ation (ii known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following	lowing
A. If amending name, enter the new name of the corporation	ion:	
	_	
name must be distinguishable and contain the word "corporati		he new
"Company" or "Co." may not be used in the name.	tion of incorporated of the appreviation Corp. of	mc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1	
(*************************************		
	_	
		•
C. Enter new mailing address, if applicable:	LAN	<u> </u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		; 1
	SSE SSE	;
		: 171
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name of the	1
new registered agent and/or the new registered office ad		,
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:	(1 to the street address)	
	DI 11	
(City)	, Florida (Zip Code)	
	• • •	
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fam	miliar with and accept the obligations of the position.	
Signature of New Registe	stered 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 <math>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.

X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	Suzanne Ferguzon	350 South Miami Ave.
Add			Apt 2111
XRemove			Miami, FL 33130
2) X Change	SD	Camila Molina	350 South Miami Ave.
Add			Apt 2111
Remove			Miami, FL 33130
3) X Change	TD	Ariadna Delgado	350 South Miami Ave.
Add			Apt 2111
Remove			Miami, FL 33130
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		``	

attach additional sheets,	if necessary).	icles, enter change(s) here: (Be specific)	
			
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The date of each amendment	(s) adoption: 08/07/2013	
Effective date <u>if applicable</u> :	00/07/0040	FILED
	(no more than 90 days after amendmen	
Adoption of Amendment(s)	(CHECK ONE)	SECRETARY OF STATE PLORID CONTROL OF STATE PLORID CONT
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of vote oproval.	es cast for the amendment(s)
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The directors.	e amendment(s) was/were
Dated 08/0 Signature	7/2013	
(By the	chairman or vice chairman of the board, president on the beard, president on the bear selected, by an incorporator — if in the hand court appointed fiduciary by that fiduciary	
Hector St	unol	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	