

Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Fer the email address for this business entity to be used for future Pannual report mailings. Enter only one email address please.**

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN FOOD ALLERGY RESOURCES & MENTORING CORPORATION

Certificate of Status	0
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Page Count	01
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Articles of Amendment to Articles of Incorporation of

f Amendment 14 JUL 5

FOOD ALLERGY RESOURCES & MENTORING CORPORATION

(2)	41 PM 3 141 43 PM 11 PM 4 PM 4 A	
(Name of Corporation	as currently filed with the Florida Dept. of State	
	N14000002257	_
	(Document Number of Corporation (if known)	
Pursuant to the provisions of amendment(s) to its Articles of	section 617.1006, Florida Statutes, this Florida Not For Profit Corp	oration adopts the following
A. If amending name, enter	the new name of the corporation:	
	· · ·	The new
name must be distinguishable "Company" or "Co." may no	and contain the word "corporation" or "Incorporated" or the abbi	reviation "Corp." or "Inc."
B. Enter new principal offi		
(Principal office address <u>MU</u>	ST BE A STREET ADDRESS)	
		
C. Enter new mailing addr (Mailing address MAY B	ess, if applicable: E A POST OFFICE BOX)	
•		
	ed agent and/or registered office address in Florida, enter the ha i/or the new registered office address:	me of the
Name of New Regist	ared Agant:	
Munic of New Nexts	eu ngen.	-
	(Florida street address)	-
New Registered Off	i <u>ce Address:</u>	
	, Florida	l
	(City)	(Zip Code)
New Registered Agent's Sig I hereby accept the appointme	nature, if changing Registered Agent: tht as registered agent. I am familiar with and accept the obligation	as of the position.
	Signature of New Registered Agent, if changing	-
C. Enter new mailing address MAYB (Mailing address MAYB D. If amending the register new registered agent and Name of New Registered Off	ess, if applicable: E A POST OFFICE BOX) ed agent and/or registered office address in Florida, enter the nad/or the new registered office address: ered Agent: (Florida street address) (City) nature, if changing Registered Agent: ent as registered agent. I am familiar with and accept the obligation	(Zip Code)

Page 1 of 4

If amending the Officers an	t/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	V Mil	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PD	LISA A FICKE	274 EAST EAU GALLIE BLVD
Add			INDIAN HARBOUR BEACH, FL 32937
Rémove			
2) X Change	TD	CARL FICKE	274 EAST EAU GALLIE BLVD
Add			INDIAN HARBOUR BEACH, FL 32937
Remove			
3) X Change	SD	DANIELLE ZIEGLER	274 EAST EAU GALLIE BLVD
Add		·	INDIAN HARBOUR BEACH, FL 32937
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add		4.	
Remove			·

	ditional Articles, enter change(s) here: [necessary]. (Be specific)
	, , , ,
	ources & Mentoring Corporation
will focus on educ	ating, counseling and provide
information and s	upport for those living with food allergies.
The Corporation	will raise public awareness of the growing
food allergy epide	mic, matters of safety and proactive regulations.
	·
Food Allergy Res	ources & Mentoring Corporation is
organized exclus	vely for charitable, religious, educational,
and scientific pu	poses, including, for such purposes,
the making of dis	ributions to organizations that qualify
as exempt organi	zations under section 501(c) (3) of the
Internal Revenue	Code, or corresponding section of any
future federal tax	code.

Page 3 of 4

SECRETARY OF STATE DIVISION OF CORPORATIONS

			11.	MAISING OF CO	JAN ORDANIONS	
	date of each amendment this document was signed		7/3/14	14 JUL -3	AM 9: 38	, if other than the
Effe	ective date <u>if applicable</u> :	//3/14	an 90 days after amend	mant file data)		_
	ļ	(40 m y re in	un 90 auys ajier amena	nem jne uatej		
Ado	option of Amendment(s)	(CHECK	ONE)			
8	The amendment(s) was/w was/were sufficient for a		bers and the number of	votes cast for the ame	endment(s)	
	There are no members or adopted by the board of		e on the amendment(s).	The amendment(s) v	vas/were	
	Dated $\frac{7/3}{7}$	hy DA	TON			
	have r	chairman or vice chairm of been selected, by an i	ncorporator - if in the h			-
		LISA	FICKE			
		(Typed or printed	name of person signing)			
		DIF	RECTOR			
		(Title o	f person signing)			