

N1500007751

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PICK-UP WAIT MAIL

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(Document Number)

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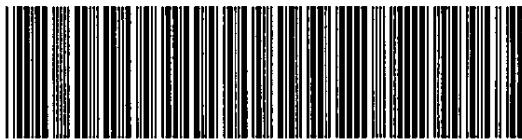
SEP 28 2015

C. CARROTHERS
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2015 SEP 23 PM 4:18
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FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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09/10/15--01007--008 - **52.50



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2015

DEBRA SABATINI
ORAL ED INSTITUTE
9979 SE OSPREY POINT DR
HOBE SOUND, FL 33455

SUBJECT: ALL CANCER PREVENTION COALITION INC
Ref. Number: N15000007751

We have received your document for ALL CANCER PREVENTION COALITION INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

ARTICLES OF CORRECTION CAN ONLY BE FILED WITHIN 30 DAYS OF THE DATE OF THE DOCUMENT BEING CORRECTED. PLEASE USE THE ENCLOSED FORM

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) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 715A00019468

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: ALL CANCER PREVENTION COALITION INC

DOCUMENT NUMBER: N1500007751

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

Please return all correspondence concerning this matter to the following:

DEBRA Z SABATINI

(Name of Contact Person)

ORAL ED INSTITUTE

(Firm/ Company)

9979 SE OSPREY POINTE DRIVE
(Address)

(Address)

HOBIE SOUNO A 33455

(City/ State and Zip Code)

DEE19@GMAIL.COM

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

For further information concerning this matter, please call:

DEBRA Z SABATINI

(Name of Contact Person)

at 561 358-7660

(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 & Certificate of Status \$43.75 Filing Fee & Certified Copy
(Additional copy is enclosed) \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy 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

FILED

Articles of Amendment
to 2015 SEP 23 PM 4:18

Articles of Incorporation
of SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALL CANCER PREVENTION COALITION, INC

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

N15000007751

(Document Number of Corporation (if known))

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:

NATIONAL CANCER NETWORK, INC 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)

9979 SE OSPREY POINT DR
HOBE SOUND, FL 33455

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
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1) Change _____

_____ Add _____

_____ Remove _____

2) Change _____

_____ Add _____

_____ Remove _____

3) Change _____

_____ Add _____

_____ Remove _____

4) Change _____

_____ Add _____

_____ Remove _____

5) Change _____

_____ Add _____

_____ Remove _____

6) Change _____

_____ Add _____

_____ Remove _____

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

The date of each amendment(s) adoption: 9/4/15, if other than the date this document was signed.

Effective date if applicable: 9/4/15
(no more than 90 days after amendment file date)

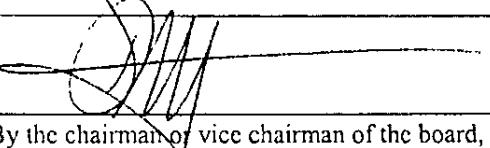
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 9/28/15

Signature 

(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)

DEBRA Z. SABATINI

(Typed or printed name of person signing)

PRESIDENT.

(Title of person signing)