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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
Division of Corporations
Division of Corporations

September 15, 2016

SHIRLEY B. DOUGLAS 1959 6TH AVE SE VERO BEACH, FL 32962 US

SUBJECT: DRUG RESISTANCE AND OVERDOSE PROTECTION, INC.

Ref. Number: N15000010236

We have received your document for DRUG RESISTANCE AND OVERDOSE PROTECTION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN NON PROFIT, but your entity is a FLORIDA NON PROFIT. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 216A00019768

Carolyn Lewis Regulatory Specialist II

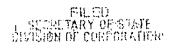
www.sunbiz.org

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DR	UG RESISTANC	E ANO O	VERDUSE PROTECTIO	ON INC.
DOCUMENT NUMBER: N15000010	0236	_		
The enclosed Articles of Amendment a	nd fee are submitted for fili	ng.		
Please return all correspondence concer	ning this matter to the follo	wing:		
	SHIRLEY (Name of Co	ontact Person)	ELAS	•
	(Firm/ (	Company)		<del></del>
	1989 GTH A	IVE SE		
	(Ad	dress)		
	VERO BEACE	4 FL 32	962	
	VERO BEACE (City/ State:	and Zip Code)		
a	sdave @ bell	South no 7	<b>4</b>	
E-mail addre	ss: (to be used for future ar	nual report notific	eation)	<del></del>
For further information concerning this	matter, please call:			
SHIRLEY	DOUCLAS	at 77.2	778-0/54  Ide) (Daytime Telephone Numb	
(Name of C	Contact Person)	(Area Co	de) (Daytime Telephone Numb	per)
Enclosed is a check for the following an	nount made payable to the	Florida Departmer	at of State:	
□ \$35 Filing Fee □\$43.75 Certific	Filing Fee & <b>\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{43.75}}}\$ File of Status Certified (Additions enclosed)</b>	Copy Copy is Copy is Copy (A	552.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Street Addr Amendment Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporations ling ive Center Circle	

## Articles of Amendment to Articles of Incorporation



2016 SEP 23 PM 1:50

<i>D</i>	RUG	RESISTAN	CE AND	OVERDOSE	PROTECTION e Florida Dept. of Stat	Zrc
		(Name of Corp	ooration as cu	rrently filed with th	e Florida Dept. of Stat	<u>e</u> )
N15000010236	) 	<u>.</u>				
			(Document N	lumber of Corporatio	n (if known)	
		ons of section 617.10 cicles of Incorporation		tatutes, this <i>Florida N</i>	Not For Profit Corporat	tion adopts the following
A. <u>If amending</u>	name,	enter the new nan	ne of the corp	oration:		
			CODE	893 I	W.	The new
		shable and contain . nay not be used in t		poration" or "incorp	orated" or the abbrevio	ntion "Corp." or "Inc."
		al office address, if ss <u>MUST BE A ST</u>		ESS )		
C. Enter new (	mailing dress <u>M</u>	address, if applicated the state of the stat	able: FFICE BOX)			
		gistered agent and nt and/or the new			orida, enter the name (	of the
	<u>Name</u>	of New Registered	Agent:			
					(Cl. : L LL .	
	<u>New</u>	Registered Office	Address:		(Florida street address)	
					F	louido
				(City)	, r	lorida <i>(Zip Code)</i>
		t's Signature, if cha cointment as register			accept the obligations o	
				Signature of New	Pagistarad Agant if ahe	

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.

Example: X.Change X.Remove X.Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			 
Add			
Remove			
2) Change			 
Add			
Remove			
3 ) Change		<del>.</del>	 
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	·		
Add			
Remove			
6) Change			 
Add			
Remove			

<mark>f amending or adding additional A</mark> ttach additional sheets, if necessary,	). (Be specific)			
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The date of each amendment(s) ad	loption:	िम् हे शिक्ष other than the
date this document was signed.	,	SEMBORRY OF BIRTE
Effective date <u>if applicable</u> :	9/1/16 (no more than 90 days after amendment file date)	2016 SEP 23 PH 1: 51
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the al.	amendment(s)
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(ors.	s) was/were
Dated	9/23/16	
(By the chair have not be	man or vice chairman of the board, president or other office en selected, by an incorporator – if in the hands of a received appointed fiduciary by that fiduciary)	
	SHIRLEY B DOUGLAS	
	(Typed or printed name of person signing)  TREASURER	
	(Title of person signing)	