

**N15000010651**

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DIVISION OF CORPORATIONS

2016 AUG 15 AM 9:02

## **COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

SUHOG Project Incorporated

**NAME OF CORPORATION:** \_\_\_\_\_

N15000010651

**DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

**Dr. Antonia Richmond**

(Name of Contact Person)

## SUHOG Project Incorporated

**(Firm/ Company)**

115 East Van Fleet Drive #313

(Address)

Bartow, Florida 33830

(City/ State and Zip Code)

cntonia@gmail.com

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

For further information concerning this matter, please call:

Antonia Richmond (Name of Contact Person) at (954) 990-0041 (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 is 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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

SUHOG Project Incorporated

2016 AUG 15 AM 9:02

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

N15000010651

(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:**

*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**)*

\_\_\_\_\_

**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:* Antonia Richmond

115 East Van Fleet Drive, #313

*(Florida street address)*

*New Registered Office Address:*

Bartow \_\_\_\_\_, Florida 33830  
(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:

<u>X</u> Change	<u>PT</u>	John Doe
<u>X</u> Remove	<u>V</u>	Mike Jones
<u>X</u> Add	<u>SV</u>	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	CEO/P	Dr. Antonia Richmond	115 East Van Fleet, Drive #313 Bartow, Florida 33830
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	VP	Dr. Chinwe S. Kpaduwa	424 15th Street, #1401 San Diego, CA 92101
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	TR	Christopher Pink	424 15th Street #1401 San Diego, CA 92101
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	VP	Mary Prylla	339 Chirnside Road, Hillington Glasgow, Lanarkshire, G52 2LF Great Britain
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

Article III -1. TO CONDUCT HEALTH AND SOCIAL JUSTICE RESEARCH

2. HIV AND OTHER STD SERVICES

3. HEALTH PROMOTION/DISEASE PREVENTION/TELE-MEDICINE

4. TO INCREASE ACCESS TO HEALTHCARE BY PROVIDING INDIGENTS TRANSPORTATION TO HEALTH FAC

Article V: Dr. Antonia Richmond, 115 East Van Fleet Drive, #313, Bartow, Florida 33830

Registered Agent signature: Antonia Richmond

Article VI: Dr. Antonia Richmond, 115 East Van Fleet Drive, #313, Bartow, Florida 33830

August 15, 2016

The date of each amendment(s) adoption: \_\_\_\_\_ if other than the  
date this document was signed.

August 15, 2016

SECRETARY OF STATE  
DIVISION OF CORPORATION

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

2016 AUG 15 AM 9:02

**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.

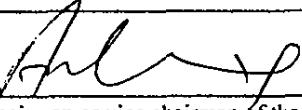
**Adoption of Amendment(s)**

**(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.

August 15, 2016

Dated

\_\_\_\_\_  


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)

Dr. Antonia Richmond

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)