

N15 0000 10651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

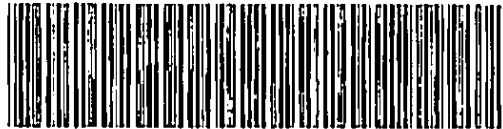
(Business Entity Name)

(Document Number)

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SEC. OF STATE
TALLAHASSEE, FL

AUG 30 2019
C. Kline

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SUHOG PROJECT INCORPORATED

DOCUMENT NUMBER: N15000010651

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

Please return all correspondence concerning this matter to the following:

Dr. Antonia Richmond, M.D., PH.D., M.B.A.

(Name of Contact Person)

SUHOG PROJECT INCORPORATED

(Firm/ Company)

115 East Van Fleet Drive, #313

(Address)

Bartow, Florida 33830

(City/ State and Zip Code)

info.suhogproject@gmail.com

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

For further information concerning this matter, please call:

Dr. Antonia Richmond, MD/PHD/MBA

863

608-8671

at

(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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

SUHOG PROJECT INCORPORATED

(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: Dr. Antonia Richmond, M.D., PH.D., M.B.A.

115 East Van Fleet Drive, #313

(Florida street address)

New Registered Office Address:

Bartow

(City)

Florida 33830

(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

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SECTION 617.1006
TALAMASSEE FL

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>CEO/P</u>	<u>Antonia Richmond, MD/PHD/MBA</u>	<u>115 East Van Fleet Drive</u>
<input type="checkbox"/> Add			<u>#313</u>
<input type="checkbox"/> Remove			<u>Bartow, Florida 33830</u>
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>Dr. Chinwe S. Kpaduwa, M.D.</u>	<u>424 15th Street</u>
<input type="checkbox"/> Add			<u>#1401</u>
<input type="checkbox"/> Remove			<u>San Diego, CA 92101</u>
3) <input type="checkbox"/> Change	<u>D</u>	<u>Dr. Chuks N. Ibekwe, PH.D.</u>	<u>433 Sand Ridge Dr.</u>
<input checked="" type="checkbox"/> Add			<u>Valrico, Florida 33594</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>Ms. Diane Crockett, M.A., L.P.C.</u>	<u>2110 Magnolia Street</u>
<input checked="" type="checkbox"/> Add			<u>Bartow</u>
<input type="checkbox"/> Remove			<u>Florida 33830</u>
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

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

Vision: An enriched community of people with met needs.

Mission: To engage in endeavors that improve public health as well as address the plight of the indigents of the community.

Goals:

to engage in activities that enhance public health,

to participate in public health campaigns to reduce diseases of public health concern

to conduct research on public health and social justice matters.

to provide services for persons with disabilities

ASSETS

All assets belonging to Suhog Project Incorporated are to be reinvested into the organization's projects.

In the event of the dissolution of Suhog Project Incorporated and after all creditors are paid, all remaining assets will

be donated to another 501(c)(3) organization that share a similar vision with Suhog Project Incorporated.

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

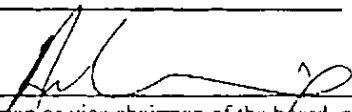
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 **AUGUST 20, 2019** _____

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, M.D., Ph.D., M.B.A.

(Typed or printed name of person signing)

Chief Executive Officer

(Title of person signing)