

116000011682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500307907405

01/22/18--01037--011 **52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JAN 22 P 4:36

FILED

JAN 24 2018

T. J. REAGAN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NANOFASA USA, INCORPORATED

DOCUMENT NUMBER: N16000011682

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

Please return all correspondence concerning this matter to the following:

DR. HAROLD G. JEFFCOAT

Name of Contact Person

Firm/ Company

671 IRVINE RANCH ROAD

Address

POINCIANA, FLORIDA 34759

City/ State and Zip Code

haroldgjeffcoat@gmail.com

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

For further information concerning this matter, please call:

Dr. Harold G. Jeffcoat

Name of Contact Person

at (817) 980-5177

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 type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2018

DR HAROLD G JEFFCOAT
671 IRVINE RANCH ROAD
POINCIANA, FL 34759

SUBJECT: NANOFASA USA, INCORPORATED
Ref. Number: N16000011682

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

Our office filed this application in error in our office because you have completed the wrong application. You are a non-profit corporation in our office and you completed the profit corporation form. I have attached the proper form and I have filled out the information that was on the other form. I just need for you to check the proper box on page 4 and have Dr. Aasmund Oerbeck-Nilssen sign the application on page 4. I am sorry for this inconvenience but we want the proper paper work filed for your corporation.

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

Diane Cushing
Senior Section Administrator

Letter Number: 418A00001811

Articles of Amendment
to
Articles of Incorporation
of

NANOFASA USA, INCORPORATED

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

N16000011682

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

(Florida street address)

New Registered Office Address:

N/A

, Florida

(City)

(Zip Code)

2018 JUN 22 PM 4:36
SECRETARY OF STATE
JALAL MASSEED, UNIDA
by position

FILED

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

(Attach additional sheets, if necessary)

P = President; VP = 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.

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

Address

1) <u> </u> Change	D <u> </u>	<u>DR. HAROLD GEORGE JEFFCOAT</u>	<u>671 IRVINE RANCH DR</u>
<u> </u> x Add			<u>POINCIANA, FLORIDA 34759</u>
<u> </u> Remove			<u> </u>

2) _____ Change _____
 _____ Add _____
 _____ Remove _____

3) Change _____

Add _____

Remove _____

4) ☐ Change _____

☐ Add _____

☐ Remove _____

5) _____ Change _____
 _____ Add _____
 _____ Remove _____

d) _____ Change
_____ Add
_____ Remove

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

N/A

DECEMBER 5, 2017

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

JANUARY 1, 2018

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.

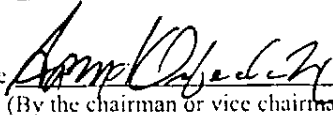
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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.

DECEMBER 5, 2017

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. AASMUND OERBECK-NILSSEN, MD

(Typed or printed name of person signing)

DIRECTOR, SECRETARY AND TREASURER

(Title of person signing)