N17000003569

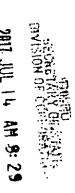
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TO: Amendment Section Division of Corporations

Chronic Connect Inc	corporated	ra 🕌
NAME OF CORPORATION:		
DOCUMENT NUMBER: N17000003569		BIN JUL IN
The enclosed Articles of Amendment and fee are sub-	omitted for tiling.	星
Please return all correspondence concerning this matter	er to the following:	ب ې ۲
Joseph Rosen, Esq.		•
	(Name of Contact Person)	
Joseph J. Rosen, P.A.		
	(Firm/ Company)	
5030 Champion Blvd., Suite G11-238		
	(Address)	
Boca Raton, Florida 33496		
	(City/ State and Zip Code)	
E-mail address: (to be used	d for future annual report notification)	
For further information concerning this matter, please	e call:	
Joseph Rosen, Esq.	561 638-8593	
(Name of Contact Person		e Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee 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

Chronic Connect Incorporated

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
N17000003569	3
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	8099 Mizner Lane
	Boca Raton, FL, 33433
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8099 MIZNEr Lane
	8099 MIZNEr Lane Boxa Ration, FL, 33433
 If amending the registered agent and/or registered office and/or the new registered office a 	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fair	
Si	ignature 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: X Change X Remove X Add	PT John De V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Changa			
2) Change			
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Remove			
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Remove			
6) Change		<u></u>	
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Remove			

If amending or adding additional As (attach additional sheets, if necessary)	(Be specific)			
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	e date of each amendment(s) adoption:e this document was signed.	, if other than th
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not cument's effective date on the Department of State's records.	be listed as the
١d٥	option 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 6/23/2017	
	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)	
	Ilana Jacqueline Danko	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)

Attachment to the Articles of Amendment

of the

Articles of Incorporation of Chronic Connect Incorporated

Article III of the Articles of Incorporation of **Chronic Connect Incorporated** is hereby deleted in its entirety and shall be replaced as follows:

Article III - Purpose

This Corporation is aimed at eliminating some of the major challenges associated with chronic illness. Accordingly, the specific purpose for which this Corporation is organized is to (i) educate the general public and increase awareness in the mainstream media of the impact of chronic illnesses on affected persons and (ii) encourage and support patients, caregivers and their families who are impacted by a chronic illness, through various activities and programs.

To further the Corporation's objectives, as described above, the Corporation will:

- (a) Endeavor to create, combine, package and distribute care packages to patients and their caregivers who suffer from the crisis of a chronic illness;
- (b) Establish local social support, form in-person support groups and create an app to help connect similarly situated patients with each other and teach patients how to be their most successful selves, in spite of the debilitating effects of their disease;
- (c) Create educational materials for patients, caregivers and hospital staff on how to help chronic illness patients succeed and cope with the effects of their illness, not just medically, but holistically;
- (d) Provide monetary aid, as resources permit, to patients with chronic illness in order to ease the burden of their medical bills and cost of living expenses.

All of the activities and programs of this Corporation shall be substantially devoted to the mission and objective of supporting and aiding chronic illness patients and their caregivers and to increase awareness of this issue to the general public.

The Corporation is organized exclusively for charitable, religious, educational, and scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon the dissolution or winding up of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

No substantial part of the activities of this Corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation (except as otherwise provided by Section 501(h) of the Internal Revenue Code), and this Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of, or in opposition to, any candidate for public office.

No part of the net earnings of this Corporation shall inure to the benefit of, or be distributable to, its members, directors, officers, or other private persons, except that this Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in these articles.