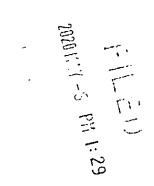
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

ALZHEIMERS CO	NVERSATION PROJECT INC
N17000006926	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
RAPHAEL, DONNA	
	(Name of Contact Person)
BHAM Brain Health and Alzheimers, Inc.	
	(Firm/ Company)
5582 WELLESLEY PARK DRIVE, UNIT 301	
***	(Address)
BOCA RATON, FL 33433	
	(City/ State and Zip Code)
DonnaRalph@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	e call:
RAPHAEL, DONNA	917 688-8518
(Name of Contact Person	<u> </u>
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \$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	Street Address Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

ALZHEIMER'S CONVERSATION PROJECT INC

(Name of Corporation as currently filed with the Florida	Dept. of State)	
N170XXXX6926		3
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit</i> (Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
BHAM Brain Health and Alzheimers, Inc.		The new
name must be distinguishable and contain the word "corpora" (Company" or "Co." may not be used in the name.	ntion" or "incorporated" or the	abbreviation "Corp." or "Inc."
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)	A/N_	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office:	ice address in Florida, enter th	e name of the
Name of New Registered Agent:	NIA	
New Registered Office Address:	(Florida stree	address), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered	i Agent:	
Thereby accept the appointment as registered agent. I am fo	umiliar with and accept the oblig	
	N N Signature of New Registered Age	ent, 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	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		Articles, enter change(s) here: ry). (Be specific)	
			
			. <u></u>

		
		
<u></u>		
	·	
The date of each amendment(s) adontic	on:	, 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 do document's effective date on the Departm	oes not meet the applicable statutory filing requirements, this denent of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
•		
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendr	nent(s)

ned by the be	ard of directors.
Dated	04/19/2020
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)
	RAPHAEL, DONNA
	(Typed or printed name of person signing)
	- 18-5-
	President

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were