## N1900000 5995

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## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Longevity Research Foundation Inc. NAME OF CORPORATION: N19000005995 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jonn Desnoes (Name of Contact Person) Longevity Research International Charitable Foundation (Firm/ Company) 3959 Van Dyke Road #352 (Address) Tampa, Florida 33558 (City/ State and Zip Code) drjonn@mac.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 417-6700 John Desnoes 813 (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: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Document Numb	er of Corporation (if kr	own)
fursuant to the provisions of section 617,1006, Florida Statutomendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
. If amending name, enter the new name of the corporat	ion:	
ongevity Research International Charitable Foundation Inc.		The new
ame 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."
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>	)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ST S
. If amending the registered agent and/or registered office and/or the new registered office a		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(FI	orida street address)
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		the obligations of the position.
		ered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address .
1) Change				
Add				
Remove				-
2) Change			<del>.</del> _	
Add				
Remove				
3 ) Change	***			
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
				<del>.</del>
Remove				
6) Change			<u> </u>	
Add				
Romovo				

stach additional she	ets, if necessary).	(Be specific)					
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The	e date of each amendment(s) adoption:	_, if other than the
date	e this document was signed.	
Effe	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 be tument's effective date on the Department of State's records.	e listed as the
Ade	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes east 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 1, 2019	
	Signature John Dances	_
	(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)	
	Jonn Desnoes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	