N19000010599

———————————————
(Requestor's Name)

———————————————
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

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(Business Entity Name)

———————————————
(Document Number)

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COVER LETTER

Krewe of Asclepius Therapeutae, Inc

NAME OF CORPORATION: _____

N190000010599

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Monique Hervey
_____
(Name of Contact Person)

Krewe of Asclepius Therapeutae, Inc.
_____
(Firm/ Company)

28465 US Highway 19 North
_____
(Address)

Clearwater, FL 33761
_____
(City/ State and Zip Code)

nhervey123@gmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monique Hervey   727   600-8093
_____ 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:

☐ $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)

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

Krewe of Asclepius Therapeutae, Inc.

(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: n/a
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: n/a
(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: n/a
_____

_____
(Florida street address)

New Registered Office Address:

_____ , Florida _____
(City)   *(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

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	P T	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) _X_ Change ____ Add ____ Remove	S (from T)	Monique Hervey	28465 US Highway 19 North Clearwater, FL 33761
2) _X_ Change ____ Add ____ Remove	D (from T)	Saundra Stock, MD	28465 US Highway 19 North Clearwater, FL 33761
3) _X_ Change ____ Add ____ Remove	T (from D)	Saundra Stock, MD	28465 US Highway 19 North Clearwater, FL 33761
4) ____ Change ____ Add ____ Remove			
5) ____ Change ____ Add ____ Remove			
6) ____ Change ____ Add ____ Remove			

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

please note: this form is intended to do the following:

_____

change Monique Hervey from Treasurer to Secretary

_____

change Saundra Stock, MD from Secretary to Director

_____

change William Hervey, MD from Director to Treasurer

_____

_____

_____

_____

_____

_____

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_____

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

      11/18/19

Effective date if applicable: _____

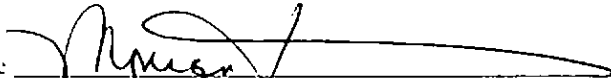   *(no more than 90 days after amendment file date)*

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.

      11/19/19

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)

Monique Hervey
_____
    (Typed or printed name of person signing)

Treasurer
_____
    (Title of person signing)