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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Dames For Cancer leseart, Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) (City/ State and Zip Code) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

FILED

<u> </u>			14 HAR 10	PN 2: 05
(Name of Corporation as currently	filed with the Flori	da Dept. of	State)	
Ocala Royal	Dames nent Number of Cor		Coin coin lu	esearch, Inc
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		this <i>Florida</i>	Not For Profit Corpor	ration adopts the following
A. If amending name, enter the new nam	e of the corporatio	<u>n:</u>		
1)/A				The new
name must be distinguishable and contain to	he word "corporation	on" or "inco	rporated" or the abbre	
"Company" or "Co." may not be used in the			,	
			1. /	
B. Enter new principal office address, if a (Principal office address MUST BE A STR	applicable: EET ADDRESS)		N/A	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		Λ	//A	
D. If amending the registered agent and/onew registered agent and/or the new in Name of New Registered Agent:			Florida, enter the nam	ne of the
New Registered Office Address:	(F	lorida street ad	ldress)	
-	(C:+.)		, Florida	
	(City)			(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as registered			d accept the obligations	s of the position.
	Signature of New R	egistered Ag	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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) AChange		_			
Add Remove				-	
2) A Change					
Add				-	
Remove 3) A Change					
Add				-	
4) NA Change		_			
Add					
5) A Change				-	
Add					
Remove					
6) MA Change Add		-	<u></u>	-	
Remove					

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)
. Delete: under Purpose III
Line 4, 5, 6 and 7
= the educational programs and
activities of the J. Hillis Miller Health
Science Center at the University of
Florida, fainesuille, Florida. This corporation
may also act in such capacity for other not-for-profit educational organizations
not-for-profit educational organizations
and facilities for concer research in florida
Add:
- the programs and activities of 501(c)(3) organizations or facilities in Florida engaged in Cancer research or
501(c)(3) organizations or facilities in
Florida engaged in Cancer research or
education.

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
-	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or men		
adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
Dated Signature	3/4/14 Laur Lank	
Dated Signature (By the character)	3/4/14 1	
Dated Signature (By the character)	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or	