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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

AME OF CORPORATION: Harpseals.org, Inc.
OCUMENT NUMBER:
ne enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
Diana Marmorstein, Ph.D.
(Name of Contact Person)
Harpseals.org, Inc.
(Firm/ Company)
PO Box 115
(Address)
Parrish, FL 34219
(City/ State and Zip Code)
contact@harpseals.org
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Diana Marmorstein 760 810-1234
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
nclosed 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 & □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

## **Articles of Amendment** Articles of Incorporation

		OI .	
Harpseals.org, Inc.			
(Name of Corporation as currently filed with the	e Florida I	Dept. of State)	
(Досил	ient Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not For Profit Co</i>	rporation adopts the following
A. If amending name, enter the new name of the	e corporat	ion:	
N/A			The new
name must be distinguishable and comain the word "Company" or "Co." may not be used in the name		tion" or "incorporated" or the ab	breviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		10905 High Noon Trl	
(Principal office address <u>MUST RE A STREET A</u>		Parrish, FL 34219	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BQX)	PO Box 115	
•		Parrish, FL 34219	
			<del></del>
D. If amending the registered agent and/or registered agent and/or the new register			name of the
Name of New Registered Agent:		tered Agents Inc.	. 7
	7901	4th St N STE 300	09
N. D. C. 100 All		(Florida street a	
New Registered Office Address:	C+ Da	torobura	22700
	ol. Pe	tersburg	, Florida 33702
		(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.

2.01

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nat	me,
nd 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 D           V         Mike Jo           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<del></del>	N/A	
Remove			
2) Change Add .			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add		<del> </del>	
Remove			
6) Change			
Add			, <u></u>
Remove		-	
F. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
N/A			
			<u></u>

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The date of each amendment(s) adoption date this document was signed.	on:	<del>_</del> -	<u> </u>	, if oth	er than the
Effective date if applicable:					
	(no more than 90 a	lays after amendm	ent file date)		
Note: If the date inserted in this block do document's effective date on the Department.	es not meet the app	licable statutory fil			as the
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.

Dated	05/03/2021
Signatu	e
	(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)
	Trank Marmorstein ph. D.  (Typed or printed name of person signing)
	(Typed or printed name of person significal)