N21000007035

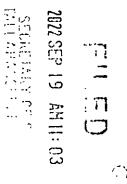
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Dc	ocument Number))
Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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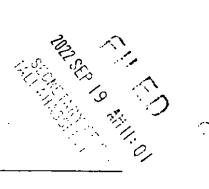


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HARPSEALS, OR	G, INC.
DOCUMENT NUMBER: N2100007035	
The enclosed Articles of Amendment and fee are submitted for filing	
Please return all correspondence concerning this matter to the following:	
DIANA MARMORSTEIN	
(Name of Contact	Person)
HARPSEALS.ORG	
(Firm Compa	ny)
10905 HIGH NOON TRL.	
(Address)	
PARRISH, FL 34219	
(City/ State and Zig	n Code)
CONTACT@HARPSEALS.ORG	
icurous santati sel laceu ed et) servicia fiami-ci	epset usubsection)
For further information concerning this matter, please call.	
DIANA MARMORSTEIN	760 810-1234
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida	a Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee Certificate of Status Certified Copy (Additional copy enclosed)	Certificate of Status
Amendment Section A Division of Corporations D P.O. Box 6327 T Taliahassee, FL 32314 2	treet Address Imendment Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Harpseals.org, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N21000007035 (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: Harpseals.org, Inc. 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. N/A B. Enter new principal office address, if applicable: (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: (Florida tirect 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; CEO - 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 PNT 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 Romovo X Add	PT John D Y Mike Ja SV Sally S	<u>nnes</u>	
Type of Action (Check One)	Title	Name	Address
1) × Change Add	SEC. CFO	IAN ROBICHAUD	28 S. 11th P1., #22 Long Beach, CA 90802
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here (Be specific)	
VIII			
To the full	extent	permitted by Florida	low, or any
	_	aws presently or her	
, ,		crperation shall be p	
to the Cor	paration	or its members sh	oold. the corporation

any acts or emi	ssions in the performance of his or her
•	ector of the Corporation. Any repeal on
	·
	the Article & shall not adversely affect
	retection of a director of the Corporation
existing immed	heately prior to such repeal or
modification.	
	
<u> </u>	
	doption:, if other than
date this document was signed	valuet 26, 2022
Effective date if applicable: At	Jgust 26, 2022 (no more than 90 days after amendment file date)
	ock does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the D	

Signature (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Diana Marmorstein, Ph.D. (Typed or printed name of person signing)	Dated	08/26/22
Diana Marmorstein, Ph.D.	Signatui	
		have not been selected, by an incorporator - if in the hands of a receiver, trustee, or
(Typed or printed name of person signing)		
		Diana Marmorstein, Ph.D.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HARPSEALS.ORG, INC.	<u>.</u> .
DOCUMENT NUMBER: N21000007035	
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DIANA MARMORSTEIN	
(Name of Contact Person)	
HARPSEALS.ORG	
(Firm/ Company)	
10905 HIGH NOON TRL.	
(Address)	
PARRISH, FL 34219	
(City/ State and Zip Code)	
CONTACT@HARPSEALS.ORG	
fi-mail address. (to be used for fetue enqual seport potaticeton)	
For further information concerning this matter, please call.	
DIANA MARMORSTEIN at 760 810-1234	
(Name of Contact Person) (Area Code) (Daytime Telephone N	umber)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Ft. 323142415 N. Monroe Street, Suite 810Tallahassee, Fl. 32303	