N2200002734

((Requestor's Name)			
	(Address)			
`	,			
((Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
·				
Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer:			

Office Use Only

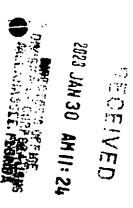


000400520290

NIC Amena

7023 JAN 30 AM 10: 17

TILED



A. RAMSEY AN 31 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION COST LIMIT : ORDER DATE: January 30, 2023 ORDER TIME : 10:03 AM ORDER NO. : 419853-005 CUSTOMER NO: 7653932 DOMESTIC AMENDMENT FILING NAME: CHOPRA FOUNDATION, INC. EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT#

Articles of Amendment to Articles of Incorporation of

FIL S 1.J 2023 JAN 30 AM 10: 17

CHOPRA FOUNDATION, INC.

(Name of Corporation as currently filed with the Flori	rida Dept. of State)
N22000002734	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida St amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp-	poration:
XXXX Inc.	The ne
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	N/A
is tinciput office unuress west biz ASTREET ANDRE	<u>E55</u> }
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Muning dudiess MAT BE A TOST OFFICE BOX)	·
	
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered offi	
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida sweet address)
	, Florida
	(Sup Cour)
New Registered Agent's Signature, if changing Registe	tered Agent: un familiar with and accept the obligations of the position.
thereby accept the appointment us registered agent. Tur	т запина жин ини иссерств отядиноть оз те розиют.
	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 X Remove X Add	<u>V</u> <u>Mike</u>	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			·
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		rticles, enter change(s) here: (Be specific)	
<u>N/A</u>			

Adoption of Amendment(s)	(CHECK ONE)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will neartment of State's records.	ot be listed as the
п прримент.	(no more than 90 days after amendment file date)	
Effective date <u>if applicable</u> :		
the date of each amendment(s) addate this document was signed.	option:	, ii other than
The date of each amondment(s) ad	antion:	if ather the-
		
<u>.</u>		
		
		
		
		-
<u> </u>		

DocuSign Envelope ID: E2BF76E6-0EFE-4D10-8FE4-EA4AA8A4E2CF ·

(Typed or printed name of person signing)

Secretary

(Title of person signing)