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Florida Department of State

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Fax Number : (850)617-6380

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Account Name : CHISHOLM LAW FIRM, PLLC

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

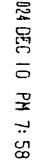
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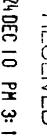
COR AMND/RESTATE/CORRECT OR O/D RESIGN PEDIATRIC HEAD & NECK FOUNDATION, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PEDIATRIC HEAD 8	NECK FOUNDATION,	INC.			_
N23000013734 DOCUMENT NUMBER:	<u>.</u>				_
The enclosed Articles of Amendment and fee are sul	bmitted for filing.				
Please return all correspondence concerning this ma	tter to the following.				
Breanna McCarthy					
	(Name of Contact Pe	erson)			_
Chisholm Law Firm, PLLC				S	20
	(Firm/ Company	;)		코잉	? D.
37 N Orange Ave., Suite 500				Z-FE	2024 DEC 10
	(Address)		. <u></u>	75.0 7.0 7.0 7.0 7.0	
Orlando, Florida 32801				CRETARY OF ST	PM 7:
	(City/ State and Zip)	Code)		PATE	59
				1	
E-mail address. (to be use	ed for future annual rep	ort notification	nn)		_
For further information concerning this matter, pleas	se call.				
Breanna McCarthy	at	407	674-2657		
(Name of Contact Perso		(Area Code)	(Daytime Telephon	e Number)	_
Enclosed is a check for the following amount made p	payable to the Florida i	Department o	State		
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certi s Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	An Div Th 24	neet Address mendment Sec vision of Corp me Centre of 15 N. Monro llahassee, FL	orations Fallahassee oe Street, Suite 810		

Articles of Amendment to Articles of Incorporation of

PE	DIAT:	RIC	HEAD	&	NECK	FOL.	JNDAT	ION.	INC.
----	-------	-----	------	---	------	------	-------	------	------

(Name of Corporation as currently filed with the Florida	Dept. of State)		
N23000013734			
(Document Numb	per of Corporatio	n (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation.	es, this <i>Florida i</i>	Not For Profit Corporation adop	ots the following
A. If amending name, enter the new name of the corpora	tion:		
Pediatric Head & Neck Cancer Foundation, Inc.			The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ition" or "incorp	poruted" or the abbreviation "Co	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	()		TALLI TALLI
 C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX) D. If amending the registered agent and/or registered office and registered o		orida, enter the name of the	ARY OF STATE
Name of New Registered Agent:			
New Registered Office Address.		(Florida street address)	
	(Ciţv)	, Florida (Zip Cod	le)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		accept the obligations of the posi	ition.
	ignature 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	PT John De Y Mike Je SY Sally St	ones		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change Add			SECRETARY TAILAHA	-
Remove				Í
2) Change Add			ETARY OF STANKY	1
Remove 3) Remove Add Remove			FILE 59	
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. <u>If amending or addin</u> (attach additional shee	ng additional Arti ets, if necessary).	icles, enter change(s) here. (Be specific)		

		
		
		20°
		FILED MADEC 10 PM 7: 59 SECRETARY OF STATE TALLAHASSEE, FL
		<u> </u>
		C 10 PM 7: 59 TALLY OF STATI
		-
The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicable:		
may make a application	(no more than 90 days after amendment file date)	
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 da partment of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes east for the amendm i.	rent(s)

/24, 12:51 PM To: +1 850-617-6380 From: +1 800-254-6140 Pediatric Head & Neck Cancer Foundation

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

12/10/2024

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)

(Typed or printed name of person signing)

President

(Title of person signing)

2024 DEC 10 PH 7: 59
SECRETARY OF STATE
SECRETARY OF STATE