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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6380

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Account Name : LEGALZOOM.COM INC.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **CURE EYES FOUNDATION INC.**

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TO: Amendment Section

Division of Corporations

From: James Wiseman

COVER LETTER

NAME OF CORPORATION:	ON IN	C.	
DOCUMENT NUMBER: N24000002604			
The enclosed Articles of Amendment and fee are submitted for	or tiling	ļ.	
Please return all correspondence concerning this matter to the	follow	ing.	
Mike To	wn		
(Name	of Con	tact Persor	n)
Legalzoom.co	om, Inc	3 .	
(Fi	irm/ Co	mpany)	
9900 Spectru	ım Driv	е	
	(Addr	ess)	
Austin, TX	78 7 17		
(City/ S	State an	d Zip Cod	c)
sureshgaddam8993@gmail.com			
E-mail address: (to be used for futt	ire anni	ual report	notification)
For further information concerning this matter, please call.			
Mike Town	8 at (00	773-0888 ext. 9724
(Name of Contact Person)	_ ar (_	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Flo	orida D e pa	urtiment of State.
(Add	tied Co		☐S52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Talluhassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

From: James Wiseman

Articles of Amendment to Articles of Incorporation

Articles of Amendment to Articles of Incorporation of CURE EYES FOUNDATION INC. (Name of Corporation as currently filed with the Florida Dept. of State) N24000002604 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the followamendment(s) to its Articles of Incorporation A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "In "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MAST BE A STREET ADDRESS) C. Enter new mailing address (fapplicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent: **Florida street address.** **Florida street address.** **Since of New Registered Agent:** **Florida street address.** **Florida street address.*	
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Name of New Registered Agent: (Florido street address)	
tFlorido street addressi	
tFlorido street addressi	
New Registered Office Address:	
Florida	
(City) Florida (Zip Code)	
Yew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	

Page 1 of 4

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To:

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:

15125973041

(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>Mi</u>	nn <u>Doe</u> ke Jones Iy Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	<u>D</u>	GAMPA, DHANA L	
2) X Change	D	GADDAM, SRINIVAS	204 Waynard Way.
Add			Tallahasse, FL 32317
3) Change	D	Srinivas Gaddam	15211 Capri Isle In
X Add			Tampa, FL 33647
Remove			
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

To:

15125973041

If amending or adding additional Art (which additional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) adoption:				
date thi	is document was signed.			
Effecti	ve date <u>if applicable</u> :	4 - 00 t - 6		
		(no more than 90 days after amendment file date)		
Adopti	on of Amendment(s)	(CHECK ONE)		
	ne amendment(s) was/were add ss/were sufficient for approval.	opted by the members and the number of votes east for the amendment(s)		
	nore are no members or membe lopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were 5.		
	DatedOL	+ 22 2024		
	Signature	dair.		
	have not been	nan or vice chairman of the board, president or other officer-if directors a selected, by an incorporator - if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)		
	Harini Chitikesi			
	(Typed or printed name of person signing)		
	President			
		(Title of person signing)		