

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 15, 2011
Secretary of State

DOCUMENT# N29083

Entity Name: LIONS FOR DIABETES AWARENESS OF DISTRICT 35,N, INC.**Current Principal Place of Business:**C/O ARTHUR W. KARLICK
1454 NW 17 AVE STE 200 REPUBLIC BLDG
MIAMI, FL 331252384**New Principal Place of Business:**C/O MARTIN MURPHY
15407 SW 57TH STREET
MIAMI, FL 33193**Current Mailing Address:**C/O ARTHUR W. KARLICK
1454 NW 17 AVE STE 200 REPUBLIC BLDG
MIAMI, FL 331252384**New Mailing Address:**C/O MARTIN MURPHY
15407 SW 57TH STREET
MIAMI, FL 33193**FEI Number:** 65-0124370**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KARLICK, ARTHUR
1454 NW 17 AVE. SUITE 200
MIAMI, FL 331252384 US**Name and Address of New Registered Agent:**MURPHY, MARTIN F
15407 SW 57TH STREET
MIAMI, FL 33193 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARTIN MURPHY

11/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DS
Name: MURPHY, MARTIN
Address: 15407 SW 57 ST
City-St-Zip: MIAMI, FL 33193**Title:** P
Name: OLARTE, LUIS
Address: 16455 SW 236 ST
City-St-Zip: HOMESTEAD, FL 33031**Title:** DT
Name: BARRERA, BETTY
Address: 1833 NW 168 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTIN MURPHY

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11/15/2011

Electronic Signature of Signing Officer or Director

Date