N95000005850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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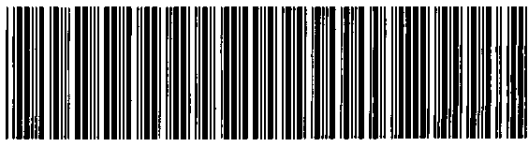

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FILED
11 NOV 28 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/C
&
Amend.
12-1-11
PC

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2011

JOHN M. SAKELLARIDES, ESQ.
HERDMAN & SAKELLARIDES, PA
29605 US HIGHWAY 19 NORTH, SUITE 110
CLEARWATER, FL 33761

SUBJECT: AMERICAN VITILIGO RESEARCH FOUNDATION, INC.
Ref. Number: N95000005850

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 011A00025757

RECEIVED
11 NOV 28 AM 8:44
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American Vitiligo Research Foundation, Inc.

DOCUMENT NUMBER: N95000005850

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stella Pavlides
(Name of Contact Person)

American Vitiligo Foundation, Inc.
(Firm/ Company)

1848 Murray Avenue
(Address)

Clearwater, Florida 33755
(City/ State and Zip Code)

vitiligo@avrf.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stella Pavlides at (727) 461-3899
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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 ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
11 NOV 28 AM 9:35
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

(Name of Corporation as currently filed with the Florida Dept. of State)

American Vitiligo Research Foundation, Inc.

(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:

American Vitiligo Foundation, Inc.

*The new 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.***

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(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 street 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, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.
(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Name	Address
1) P/D	Stella Pavlides	1848 Murray Avenue Clearwater, Florida 33755
2) T/S/D	Gregory Parganos	1848 Murray Avenue Clearwater, Florida 33755
3) D	Scott T. Clark	15710 242nd Street SE Snohomish, WA 98296
4) D	Loretta M. Cooper	8744 Carlton Drive Inglewood, CA 90305
5) D	MaryLyn Fucell	3526 Truman Drive Holiday, Florida 34691
6)		

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

Title(s)	Name	Title(s)	Name
1) D/S	Roxanne Knight	4)	
2)		5)	
3)		6)	

E. <u>If amending or adding additional Articles, enter change(s) here</u>:
(*attach additional sheets, if necessary).* *(Be specific)*

The date of each amendment(s) adoption: 11/01/2011

Effective date if applicable: 11/01/2011
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☑ 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 November 21, 2011

Signature Stella Pavlides
(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)

Stella Pavlides
(Typed or printed name of person signing)

President
(Title of person signing)