

N98000006363

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
FEB 17 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **SLOBOUNOV CONCUSSION FOUNDATION, INC**

DOCUMENT NUMBER: **N98000006363**

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

Please return all correspondence concerning this matter to the following:

LILIBETTE BROWN

(Name of Contact Person)

ZARK FOUNDATION, INC

(Firm/ Company)

17301 PAGONIA DRIVE, SUITE 230C

(Address)

CLERMONT, FL 34711

(City/ State and Zip Code)

LINUNEZ@NTCHEALTH.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LILIBETTE BROWN

(Name of Contact Person)

at **407 694-2529**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

APPROVED
AND
FILED

14 FEB 14 AM 9:19

SLOBOUNOV CONCUSSION FOUNDATION, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

N98000006363

(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:

ZARK 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)

17301 PAGONIA DRIVE

SUITE 230C

CLERMONT, FL 34711

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17301 PAGONIA DRIVE

SUITE 230C

CLERMONT, FL 34711

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:

STEVE PISARKIEWICZ

17301 PAGONIA DRIVE, SUITE 230C

(Florida street address)

New Registered Office Address:

CLERMONT

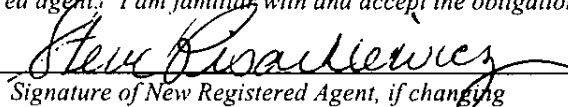
(City)

, Florida 34711

(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

[illegible]

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AND
FILED

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: **FEBRUARY 11, 2014** **14 FEB 14 AM 9:19**

(no more than 90 days after amendment file date)
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 **2/11/2014**

Signature *Tracee L Ray*
(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)

TRACEE LEIANN RAY

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)