N99000000879

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: <u>Inter</u> Resea	national Drug Awareness arch Foundation, Inc.
	N9900000879
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Thomas Z	Zatylny Jame of Contact Person)
International	Drug Awareness Research Foundation (Firm/Company)
305 Madison	Ave Suite 449 (Address)
New York,	N. Y. 10165 (ity/ State and Zip Code)
E-mail address: (to	be used for future annual report notification)
For further information concerning this matte	r, please call:
Thomas ZatyIny (Name of Contact Person)	at (514) 817-2906 (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	& \$\sum \$\\$43.75 \text{ Filing Fee & }\sum \$\\$52.50 \text{ Filing Fee }\text{Certified Copy} \text{Certified Copy is enclosed)} \text{Certified Copy} \text{(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

TK 9-12-11

Articles of Amendment

to

Articles of Incorporation

FILED

11 SEP -9 AM 10: 49

International Drug Awareness	RELEASING STATE RELEASING Inc	
(Name of Corporation as currently filed with the Florida Dept. of State)		
N99000000879		

(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	ne corporation:	
The new name must be distinguishable and cont abbreviation "Corp." or "Inc." "Company" or "		corporated" or the
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)		imera Blvd, HI ry, Florida 32746
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
D. If amending the registered agent and/or reg new registered agent and/or the new register		nter the name of the
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a position.		ept the obligations of the
Cion	nature of New Registered Agent if ch	onging

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
D	Rodgers, Russ	3178 Hyde Park. Clearwater FL 33761	Dr. □ Add □ ■ Remove
· · · · · · · · · · · · · · · · · · ·			
	ding or adding additional Articles, ente additional sheets, if necessary). (Be spec		
		1	

The date of each amendment(s) a	adoption: Aug, 25 2011 (date of adoption is required)
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approval	lopted by the members and the number of votes cast for the amendment(s) l.
There are no members or members adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
have no	charryan or vice thairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
	Thomas Zatylny (Typed or printed name of person signing) President.
	(Title of person signing)