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| Certified Copies        | _ Certificates           | of Status   |
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| Special Instructions to | Filing Officer:          |             |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION:   | L DRUG AWARENESS RESEARCH FOUN   |
|--|--|
| DOCUMENT NUMBER:   |  |
| The enclosed Articles of Amendment and fee are submitted       | or filing.   |
| Please return all correspondence concerning this matter to the | e following:   |
| ANTHONY HAR  | TINO, ESQUIRE  |
| (Name  | e of Contact Person)   |
| ANTHUNY MARTING  | O AVOCAT/ATTORNEY INC.   |
| (I   | irm/ Company)  |
| 390 HENRI- BOU   | CASSA WEST SUITE 300 (Address)   |
|  | (Address)  |
| MONTREAL QUEB  | EC, H3L 3TS, ANADA State and Zip Code)   |
| (City/   | State and Zip Code)  |
| martinoanth  | ony @ hotmail. com   |
| E-mail address: (to be used for fu                             | ture annual report notification)   |
| For further information concerning this matter, please call:   |  |
| ANTHONY MARTINO  | at 514-231-4334 (Area Code) (Daytime Telephone Number)   |
| (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:  |
| (Ad  | .75 Filing Fee & S52.50 Filing Fee tified Copy Certificate of Status ditional copy is Certified Copy (Additional Copy is Enclosed) |
| Mailing Address  | Street Address   |
| Amendment Section Division of Corporations                     | Amendment Section Division of Corporations   |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



November 6, 2019

ANTHONY NARTINO, ATTORNEY 390 BOUL. HENRI-BOURASSA WEST STE 300 MONTREAL, QUEBEC, CANADA, XX H3L 3-T5

SUBJECT: INTERNATIONAL DRUG AWARENESS RESEARCH

FOUNDATION, INC.

Ref. Number: N99000000879

We have received your document for INTERNATIONAL DRUG AWARENESS RESEARCH FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 719A00022977

## Articles of Amendment to Articles of Incorporation

INTERNATIONAL BRUG AWARENESS RESEARCH FOUNDATION.

| THE TOTAL PROPERTY OF THE PROP |  |
|--|--|
| (Name of Corporation as current)   | y filed with the Florida Dept. of State) 1 1/1/11:08           |
| (Document Number   | r of Corporation (if known)                                    |
| (Izvealien Hamos)  | Corpermiss (in this in)  |
| Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:  | , this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation   | <u>n:</u>  |
|  | The new  |
| name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.   | on" or "incorporated" or the abbreviation "Corp." or "Inc."    |
| B. Enter new principal office address, if applicable:  | 399 RAYMOND  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | SAINT-JEAN-SUR-RICHELIEU, QUEREC                               |
|  | J3B IFF CANADA   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 399 RAYMOND  |
|  | S'AINT-JEAN-SUR-RICHELIEU, QUEREC                              |
|  | J3B IPT CANADA   |
| D. If amending the registered agent and/or registered office   | e address in Florida, enter the name of the                    |
| new registered agent and/or the new registered office ad   | ldress:  |
| Name of New Registered Agent: CL   | AUDE LANDRY  |
| New Registered Office Address:   | (Florida street address)                                       |
|  |  |
|  | (Cin) (Zip Code)   |
| New Registered Agent's Signature, if changing Registered Agent's Signature   | Agent:   |
| I hereby accept the appointment as registered agent. I am fan  | tiliar with and accept the obligations of the position.        |
|  | gnature of New Registered Agent, if changing                   |
| Sig  | gnature of New Registered Agent, if changing                   |

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)

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>Mik</u> | Doe<br>Jones<br>Smith |                          |
|-----------------------------------|---------------------|-----------------------|--------------------------|
| Type of Action<br>(Check One)     | <u>Title</u>        | <u>Name</u>           | <u>Addres</u> s          |
| 1) Change                         | _P                  | CLAUSE LANDRY         | 399 RAYMOND              |
| X Add                             |                     |                       | SAINT-JEAN-SUR-RICHELIEU |
| Remove                            |                     |                       | BUEBEC JBB IPT CANADA    |
| 2)Change                          | _ Ρ                 | THOMAS ZATYLNY        | 255 PRIMERA BLVD.        |
| Add                               |                     |                       | SUITE 160, LAKE MARY     |
| X Remove                          |                     |                       | FLORINA 3.2746-2168      |
| 3 ) Change                        |                     |                       |                          |
| Add                               |                     |                       |                          |
| Remove                            |                     |                       |                          |
| 4) Change                         |                     |                       |                          |
| Add                               |                     |                       |                          |
| Remove                            |                     |                       |                          |
| 5) Change                         |                     |                       |                          |
| Add                               |                     |                       |                          |
| Remove                            |                     |                       |                          |
| 6) Change                         |                     |                       |                          |
| Add                               |                     |                       |                          |
| Remove                            |                     |                       |                          |

| E. If amending or adding additional Arti  | icles, enter change(s) here:          |               |          |
|---|---------------------------------------|---------------|----------|
| (attach additional sheets, if necessary). | (Be specific)                         |               |          |
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| The date of each amendment(s) adoption:   | , if other than the       |
|---|---------------------------|
| date this document was signed.  |                           |
| Effective date if applicable:   |                           |
| (no more than 90 days after amendment file date)  |                           |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.   | vill not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |                           |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment( was/were sufficient for approval.  | (s)                       |
| 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 <u>October</u> 33, 2019   |                           |
| Signature  (By the chairman of 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) | s                         |
| CLAUDE LANDRY (Typed or printed name of person signing)   | -                         |
| PRESIDENT (Title of person signing)   | -                         |