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(Re	equestor's Name)	·
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TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	RATION: LOSS PLA	evention Rese	arch Center	· Inc.	
DOCUMENT NUM	BER: <u>P09</u> (2000 7953	8	_	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this mat	ter to the following:			
	Jessi	Name of Contact Person			
	Wss Preven	tion Research	h (enter, In	ι.	
•,	3324 w Univ	Firm/ Company		····	
	<u>Camesville</u>	FL 32407 City/ State and Zip Code	e		
	operation	ISE (presear	ch-org		
For further information	on concerning this matter, pleas	e call:			
Jessi D	velley		<u>, 222 - 82</u>		
Name Enclosed is a check for	of Contact Person or the following amount made p		de & Daytime Telephone		monled)
□ \$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)	sec Sec	monled) the cerved. letter attached
Am	iling Address lendment Section	Amend	Address Iment Section		
Div	ision of Corporations	Divisio	n of Corporations		

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

Articles of Amendment

Articles of Incorporation



esearch

(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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: _ (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, 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>D</u>	Carrie Hayes	3324 w University Ave
Add		,	Suite 351 Gainesville, FL 32407
Remove			Gainesville, FL 32407
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			····
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or add (Attach additional si	ing additional Art	icles, enter change	e(s) here:			
(Attach adainonal si						
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F. If an amendment provisions for imp	lementing the ame	nange, reciassifica	non, or cancenau	on of issued snares indment itself:	<u>5,</u>	
(if not applica	ble, indicate N/A)			_		
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The date of each amendment(s) adoption:	V [7]	, 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 document's effective date on the Department of	not meet the applicable statutory filing requirements, this dof State's records.	ate will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	he shareholders. The number of votes cast for the amendment rapproval.	(s)
	the shareholders through voting groups. The following stateming group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the am	endment(s) was/were sufficient for approval	
by	oting group)	
(v	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and sharehold	er
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated3 6	8	
6:		
Signature(By a director, or	esident or other officer – if directors or officers have not been	<u> </u>
selected, by an in	corporator - if in the hands of a receiver, trustee, or other cou	
appointed fiducia	ry by that fiduciary)	
· · · · · · · · · · · · · · · · · · ·	Pichard R Hazes	
	(Typed or printed name of person signing)	
	Director	
•	(Title of person signing)	