

N00000001920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

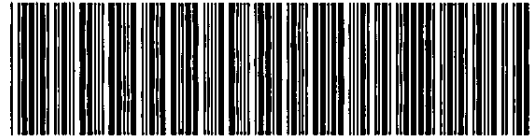
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 SEP -4 PM 1:27

L. Lewis
9-15-14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Philippine Nurses Association
of Gulf Coast, Florida, Inc.
DOCUMENT NUMBER: N00000001920

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

Please return all correspondence concerning this matter to the following:

Tita E. Ravi
(Name of Contact Person)

Philippine Nurse Association of Gulf Coast,
(Firm/ Company) Florida, Inc
4002 Alexander Palm Ct.
(Address)

Tampa, FL 33624
(City/ State and Zip Code)

titaravi911@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tita E. Ravi at (727) 455-0224
(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

Articles of Amendment
to
Articles of Incorporation
of

Philippine Nurse Association of Gulf Coast
(Name of Corporation as currently filed with the Florida Dept. of State) Florida, Inc.

N0000000 1920

(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:

N/A same name.

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)

4002 Alexander
Palm Ct
Tampa, FL 33624

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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:

Tita E. Ravi
4002 Alexander Palm Ct.

New Registered Office Address:

Tampa
Newport, Florida 33624
(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.

Tita Ravi

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Tita E. Ravi</u>	<u>4002 ALEXANDER PALM CT, Tampa, FL 33624</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Past P</u>	<u>Cecile S. Medemilla</u>	<u>1366 Sierra Cir. Kissimmee, FL 34744</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>B.D.</u>	<u>Merly Llanto</u>	<u>4041 Savage station New Port Richey, FL 34653</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PE</u>	<u>Norma Q. Milnes</u>	<u>2006 LEWIS Rd 3455 Countryside BLVD Palm Harbor, FL 34683</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Dulce Garcia</u>	<u>3768 106th Ave. CLEARWATER FL 34763</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Mildred Balderama</u>	<u>6310 Cedarbrook Dr. Pinellas Park, FL 33792</u>

Continuation

Please remove:

① Esmeralda Santos BM

② Mineque, ORPHA A

③

The date of each amendment(s) adoption: _____
date this document was signed.

6/01/14

STATE OF CALIFORNIA
DIVISION OF CORPORATIONS

Effective date if applicable: _____

~~#1~~ NA

(no more than 90 days after amendment file date)

14 SEP -14 PM 1:28

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 8/21/14

Signature Tita Ravi

(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)

Tita E. Ravi

(Typed or printed name of person signing)

President

(Title of person signing)