N15000001292

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COVER LETTER

TO: Amendment Section

ZATION OF NURSE E	XECUTIVES FOUNDATION		
DOCUMENT NUMBER: N15000001292			
itted for filing.			
to the following:			
Name of Contact Persor	1)		
er, PA			
(Firm/ Company)			
Road, Ste.	204		
(Address)			
33410			
City/ State and Zip Code	e)		
n.com			
	notification)		
all:			
_{at (} 561	627-7004		
(Area Co	ode & Daytime Telephone Number)		
able to the Florida Depa	irtment of State:		
3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Amend Divisio	Address Iment Section on of Corporations Ruilding		
	itted for filing. to the following: Name of Contact Person (Firm/ Company) Road, Ste. (Address) 33410 City/ State and Zip Code n.COM for future annual report is all: at (561 (Area Company) 2\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FLORIDA ORGANIZATION OF NURSE EXECUTIVES FOUNDATION, INC.

(Name of Corporation as currently N15000001292	y filed with the Flo	rida Dept. of State)	
	ıment Number of Co	orporation (if known)	
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporation		es, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new na	me of the corporati	ion:	
n/a			The new
name must be distinguishable and contain "Company" or "Co." may not be used in		tion" or "incorporated" or the abbreviation "Corp." o	
B. Enter new principal office address, i (Principal office address MUST BE A ST		n/a	-
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		n/a	OIV S
D. If amending the registered agent and new registered agent and/or the new		ce address in Florida, enter the name of the ddress:	SECRE OF CORPORA
Name of New Registered Agent:	n/a		သ တွင်
	n/a		3
New Registered Office Address:		(Florida street address)	2: 50
	n/a	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	ered agent. I am fai	Agent: miliar with and accept the obligations of the position. Registered Agent, if changing	

Page 1 of 4

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>M</u>	hn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	SD	Jean Lucas	1235 E CONCORD ST. ORLANDO, FL 32803
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			·

(attach additional sheets, if necessary). (Be specific) n/a	E.	If amending or adding additional Artic	les, enter change(s) here:	
n/a		(attach additional sheets, if necessary).	(Be specific)	
n/a		<i>t</i> _		
	n	/a		
		•		
	_			
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			E11 435	
				

	date of each amendment(s) adoption: February 19, 2015 this document was signed.	, if other than the
Effé	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Ada	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 31, 120, 5	
	Signature Done Brady Schwart	
	(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)	
	DIANE BRADY-SCHWARTZ	
	(Typed or printed name of person signing)	
	Director and President	
	(Title of person signing)	