768688

(Requestor's Name)	
(Address)	
·	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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2008 DEC -5 PM 2: 04 SECRETARY OF STATE

Amend + N/c

TR 12.9.20

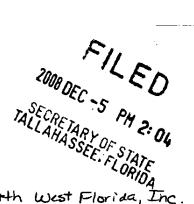
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Purchasing	Management associ	iation of North West Florida, Inc.
DOCUMENT NUMBE	R: 7686	,88	
The enclosed Articles of	Amendment and fee are	submitted for filing.	
Please return all correspo	ondence concerning this	matter to the following:	
_Er	ic S. Eng	elmeyer Contact Person	
NI	APMOF NWF	Company)	
	D. Box 1241	address)	<u> </u>
Pe	nsacola, FL (City/Stat	- 32591- 124 e and Zip Code)	<u>·1 </u>
For further information of	oncerning this matter, pl	ease call:	
Eric Engel (Narted Co	meyer ntact Person)	at (850) 474- (Area Code & Daytime Te	2629 Jephone Number)
Enclosed is a check for the	he following amount mad	de payable to the Florida Depart	ment 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 Sect Division of Corpo P.O. Box 6327 Tallahassee, FL 3	ion orations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



Purchasing Management associat	son of North West Florida, Inc.
(Name of Corporation as currently filed with t	
768688	
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>ı:</u>
National Association of Purchasing Manage The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	"corporation" or "incorporated" or the be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	16609 Bellview Pines Rd Pansacola, FL 32526
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O.Box 1241 Pensacola, FL
	32591-1241
D. If amending the registered agent and/or registered office and registered agent and/or the new registered office add	ress:
Name of New Registered Agent: Erics 669 F	Sellview Pines Rd.
New Registered Office Address: (Florid	da street address)
Pensac	(City), Florida 32526 (City) (Zip Code)
NT YN	4.

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.

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
VPA	Dan C. Bates, Jr.	One Energy Place Pensacola, El 32520	Add Remove
UPA_	Eric Engameyer	11000 University Plany Pensacola, FL 32514	Add Remove
			Add Remove
	·		
	ding or adding additional Articles, enter		
		<i>5</i> 7	
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			.
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The date of each amendment	t(s) adoption:
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
	12/2/08 Kanva Dullanis C. P.M. the chairman or vice chairman of the board, president or other officer-if directors
	e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Ramona D. Williams (Typed or printed name of person signing)
	(Title of person signing)

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