

F080000004764

(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:

Office Use Only



500281518485

02/01/16--01003--028 **52.50

FILED

2016 FEB 29 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name chg /cc
cus

FEB 29 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NURSEFINDERS OF INDIANAPOLIS, INC.

Name of Corporation

DOCUMENT NUMBER: F08000004764

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CYNTHIA L BYER

Name of Contact Person

NURSES AND MORE, INC.

Firm/Company

8925 N. MERIDIAN ST, SUITE 110

Address

INDIANAPOLIS, IN 46260

City/State and Zip Code

cbyer@nursesandmore.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA L BYER

at (765) 644-0055

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$35.00 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2016

CYNTHIA L. BYER
NURSEFINDERS OF INDIANAPOLIS, INC.
8925 N. MERIDAN ST., STE. 110
INDIANAPOLIS, IN 46260

SUBJECT: NURSEFINDERS OF INDIANAPOLIS, INC.
Ref. Number: F08000004764

We have received your document for NURSEFINDERS OF INDIANAPOLIS, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 216A00002224

RECEIVED
16 FEB 29 PM 12:46



OGDEN UT 84201-0046

In reply refer to: 0423663812
Feb. 11, 2016 LTR 147C 0
35-1739640 000000 00
00002823
BODC: SB

NURSES AND MORE INC
8925 N MERIDIAN ST STE 110
INDIANAPOLIS IN 46260-2384



003947

Employer identification number: 35-1739640

Dear Taxpayer:

Thank you for your correspondence dated Jan. 11, 2016.

We have changed the name on your account as requested.

You can get any of the forms or publications mentioned in this letter by calling 1-800-TAX-FORM (1-800-829-3676) or visiting our website at www.irs.gov/formspubs.

If you have questions, you can call us toll free at 1-800-829-0115.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include this letter and provide in the spaces below, your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone number () _____ Hours _____

Sincerely yours,

Brett S. Bemenderfer
Dept. Manager, Code & Edit/Entity 3

Enclosures:
Copy of this letter

(Pursuant to s. 607.1504, F.S.)

(1-3 MUST BE COMPLETED)

(Document number of corporation (if known))

(Name of corporation as it appears on the records of the Department of State)

(Incorporated under laws of)

(Date authorized to do business in Florida)

(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

its jurisdiction of incorporation? 01/01/2016

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

FILED
2011 FEB 29 PM 2:51
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

(New duration)

(New jurisdiction)

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

(Typed or printed name of person signing)

(Title of person signing)

Indiana Secretary of State
Packet: 1988050412
Filing Date: 12/22/2015
Effective Date: 12/22/2015



**ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION**

State Form 36333 (R14 / 12-15)

Approved by State Board of Accountancy

APPROVED
AND
FILED

SECRETARY OF STATE

CONNIE LAWSON
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

Indiana Code 23-1-38-1 et seq

FILING FEE: \$30.00

- INSTRUCTIONS:
1. Use 8 1/2" x 11" white paper for attachments.
 2. Present original and two copies to address in upper right hand corner of this form.
 3. Please TYPE or PRINT.
 4. Please visit our office on the web at www.sos.in.gov.

**ARTICLES OF AMENDMENT OF THE
ARTICLES OF INCORPORATION OF**

Name of Corporation

Nursefinders of Indianapolis, Inc.

Date of incorporation (month, day, year)

05/02/1988

The undersigned officers of the above referenced Corporation (hereinafter referred to as the "Corporation") existing pursuant to the provisions of (indicate appropriate act)

☒ Indiana Business Corporation Law ☐ Indiana Professional Corporation Act of 1983 ☐ Indiana Benefit Corporation Act

(hereinafter referred to as the "Act"), desiring to give notice of corporate action effectuating amendment of certain provisions of its Articles of Incorporation, certify the following facts:

ARTICLE I Amendment(s)

The exact text of Article(s) _____ of the Articles of Incorporation is now as follows: Article I _____ of the Articles

(NOTE: If amending the name of corporation, write Article "I" in space above and write "The name of the Corporation is _____ below")

The name of the Corporation is Nurses and More, Inc.

ARTICLE II

Date of each amendment's adoption (month, day, year):

01/01/2016

(Continued on the reverse side)

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

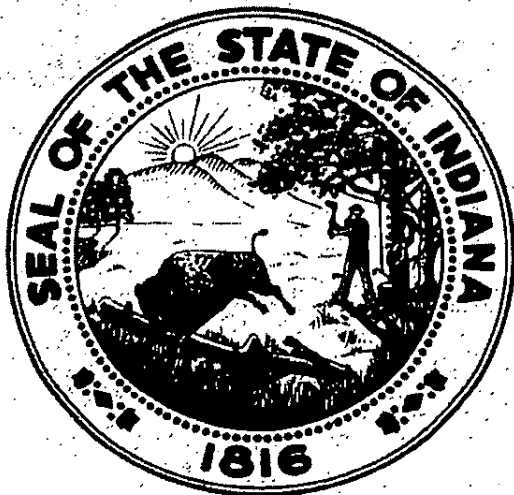
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

NURSES AND MORE, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 02, 1988, and was in existence or authorized to transact business in the State of Indiana on December 30, 2015.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand
and affixed the seal of the State of Indiana, at the
City of Indianapolis, this Thirtieth Day of December, 2015.

Connie Lawson

CONNIE LAWSON, Secretary of State

1988050412 / 2015 123012229