

ND10000005078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

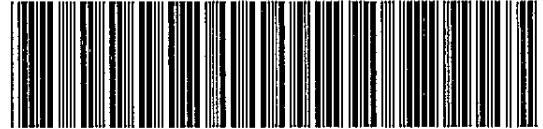
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/19/05--01011--006 **70.00

FILED
05 JAN 18 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/20/05
NIC
Amend
sf

5460 N. State Road 7
Fort Lauderdale, FL 33319

January 7, 2005

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

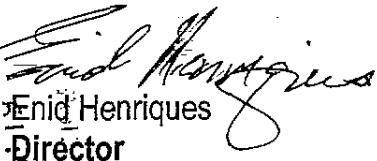
Dear Sir/Madam:

This is to inform you that the Board of Education has requested a name change from the Enid's Ministry School of Nursing and Technical Training Inc., to **Enid's School of Health Occupations Inc.**

Enclosed is a check for Certification Status, Filing Fee and name change. Please call me at 954-777-3074 for further information.

Thanking you.

Yours sincerely,


Enid Henriques
Director

RECEIVED

05 JAN 7

DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ENID'S School of Health Occupatio

DOCUMENT NUMBER: # N01000005078

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

Please return all correspondence concerning this matter to the following:

ENID Henriques
(Name of Contact Person)

(Firm/ Company)

5460 N. STATE AVE. 7
(Address)

FT. LAUDERDALE FL 33319
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

ENID Henriques at (754) 777 3074
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
409 E. Gaines Street
Tallahassee, FL 32399

ENID Ministry School of Nursing and Technical Training,
(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

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05 JAN 18 PM 3:39
STATE
SECRETARIAT
TALLAHASSEE, FLORIDA

(continued)

The date of adoption of the amendment(s) was: 1-11-05

Effective date if applicable: 1-11-05
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this _____ day of _____.

Signature Enid Henriquez
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ENID Henriquez
(Typed or printed name of person signing)

R N, President
(Title of person signing)

FILING FEE: \$35