N030000013ZZ

(Requestor's Name)
(Address)
(Address)
· · · ·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
_
(Curinga Satta News)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer: LINCOLO (INNINS) CIUHA Addins RA Lucation
Lemachining
laula Adding KA I
MUNN. Addi 10 1
LUE at ion
3/17/20

Office Use Only



600340923406

02/24/20--01026--029 ++52.50

7 1 L E D

2020 KBR 17 PH 2: 10

Amendices

MAR 1 7 7020 I ALBRITTON



March 14, 2020

LINDA M. CUNNING P.O. BOX 111833 NAPLES, FL 34018

SUBJECT: NEW HORIZONS OF SOUTHWEST FLORIDA, INC.

Ref. Number: N03000001322

We have received your document for NEW HORIZONS OF SOUTHWEST FLORIDA, 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):

The document must also contain the address of the registered agent which must be at a Florida street address.

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.

Letter Number: 820A00005694

Irene Albritton
Regulatory Specialist II

Articles of Amendment to Articles of Incorporation of

New Horizons of Southwest Florida, Inc.

(Name of Corporation as currently filed with the Florida D	ept, of State)
3000001322	•
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute; amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:
	The new ion" or "incorporated" or the abbreviation "Corp." or "Inc."
name must be distinguishable and contain the word—corporate "Company" or "Co." may not be used in the name.	or incorporated or the dobreviation Corp. or inc.
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
·•	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the
new registered agent and/or the new registered office ac	
Name of New Registered Agent: Linda M C	Cunning
1080	of crooked River Rd #103
New Registered Office Address:	(Florida street address)
New Registered Office Address.	40 40vingo 2/135
	(City) Florida 94-19 (Zip Code)
	1-147
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
	e pulled.
Tu I	il W/ w
Sig	gnature of New Registered Agent, if changing

and address of each O (Attach additional shee Please note the officer/o P = President; V = Vice Executive Officer; CFO	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.					
	eaves the corpora	ation, Sally Smith is named the V and S. Ti	s the PST and Mike Jones is listed as the V. There is hese should he noted as John Doe, PT as a Change,			
Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	<u>1 Doe</u> e Jones y Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change Add	CEO	Linda M Cunning	10801 Crooked River Rd. # 103 Bonita Springs, FL 34135			
Remove 2) ×× Change Add	<u>D</u>	Debra Haley				
xx Remove 3) Change Add Remove	<u>D</u>	Jamail Aikens	28140 DAVEWOOD CT Apt. 302 BONITA SPRINGS, FL 34135			
4) Change Add	<u>CFO</u>	Liz Весегта	190 6th St. Bonita Springs, FL 34134			
Remove						
5) Change Add			<u> </u>			
Remove						
6) Change Add						
Remove		Page 2 of 4				
E. If amending or add (attach additional sh		Articles, enter change(s) here:				
,	<u> </u>					

•	
	<u> </u>
	
Page 3 of 4	
	•
The date of each amendment(s) adoption: 2/19/2020 date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	ne will not be fisted as the

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.
	Signature (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)
	Debra Haley
	(Typed or printed name of person signing)
	Director
	(Title of person signing)