

N041000008810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

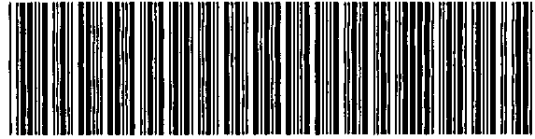
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2016

LILIBETH TULANG CUEVAS
9380 TRAMORE GLEN CT
JACKSONVILLE, FL 32256

SUBJECT: PHILIPPINE NURSES ASSOCIATION OF NORTHEAST FLORIDA,
INC.
Ref. Number: N04000008810

We have received your document for PHILIPPINE NURSES ASSOCIATION OF NORTHEAST 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 registered agent must sign accepting the designation.

An officer/director must sign on page 4 of 4 authorizing the adoption of amendment.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 416A00023072

RECEIVED
16 NOV - 8 PM 12: 26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Philippine Nurses Association of Northeast Florida, Inc.

DOCUMENT NUMBER: N0400008810

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

Please return all correspondence concerning this matter to the following:

Lilibeth Tulang Cuevas

(Name of Contact Person)

(Firm/ Company)

9380 Tramore Glen Ct

(Address)

Jacksonville, FL 32256

(City/ State and Zip Code)

LTCUEVAS@GMAIL.COM

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

For further information concerning this matter, please call:

Lilibeth Tulang Cuevas

904

5369289

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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 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

FILED

16 NOV -8 PM 12: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

PHILIPPINE NURSES ASSOCIATION OF NORTHEAST FLORIDA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N04000008810

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
*(Principal office address **MUST BE A STREET ADDRESS**)* 9380 TRAMORE GLEN COURT
JACKSONVILLE, FL 32256

C. Enter new mailing address, if applicable:
*(Mailing address **MAY BE A POST OFFICE BOX**)* 9380 TRAMORE GLEN COURT
JACKSONVILLE, FL 32256


D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: LILIBETH TULANG CUEVAS
9380 TRAMORE GLEN COURT
(Florida street address)

New Registered Office Address:
JACKSONVILLE, Florida 32256
(City) (Zip Code)

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.


Signature of New Registered Agent, if changing

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>LILIBETH TULANG CUEVAS</u>	<u>9380 TRAMORE GLEN COURT</u> <u>JACKSONVILLE, FL 32256</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>TERESITA JOCSON</u>	<u>4356 BERGHLEY COURT SOUTI</u> <u>JACKSONVILLE, FL 32257</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>GIL SACAYANAN</u>	<u>2214 MANDY LAKES COURT</u> <u>JACKSONVILLE, FL 32221</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>RYAN NAVARRO</u>	<u>8643 HUNTERS CREEK DRIVE S</u> <u>JACKSONVILLE, FL 32256</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>JUSIL RICE</u>	<u>7004 SAN SEBASTIAN AVE</u> <u>JACKSONVILLE, FL 32217</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>A</u>	<u>LINA CARVAJAL</u>	<u>6304 WEDMRE ROAD</u> <u>JACKSONVILLE, FL 32244</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

TITLE: PRESIDENT-ELECT & ADVISOR GERMINA RIO - 2343 HUCKINS COURT, JACKSONVILLE, FL 32257

TITLE: ADVISOR DAPHNE VIRAY - 4434 ARCH CREEK DRIVE, JACKSONVILLE, FL 32257

TITLE: ADVISOR VELIA CALLAO- 8321 PEPPERWOOD DRIVE, JACKSONVILLE, FL 32244

TITLE: ADVISOR ROMY DEVERA- 1176 IRWIN MANOR DRIVE, JACKSONVILLE, FL 32246

AUGUST 20, 2016

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated OCTOBER 20, 2016

Signature *Lilabeth Cuevas*

(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)

LILIBETH TULANG CUEVAS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)