

N09 000002000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

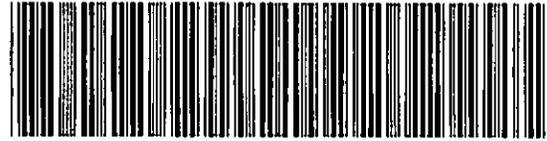
(Business Entity Name)

(Document Number)

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Amend

01/11/22--01032--009 **43.75

2022 JAN 11 PM 12 19
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A. RAMSEY

FEB 0 1 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

National Board of Forensic Evaluators, Inc.

NAME OF CORPORATION: _____

N090000020000

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

norman hoffman

(Name of Contact Person)

NORMAN E HOFFMAN, PHD

(Firm/ Company)

595 W Granada Blvd., Suite H

(Address)

Ormond Beach

(City/ State and Zip Code)

dnorm@dnorm.com

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

For further information concerning this matter, please call:

DR. NORMAN E HOFFMAN

386-212-8844 386-21288844

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2022 JAN 11 PM 12 20

NATIONAL BOARD OF FORENSIC EVALUATORS, INC.

CLERK OF STATE
TALLAHASSEE, FLORIDA

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

N090000020000

(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**)*

C. Enter new mailing address, if applicable:
*(Mailing address **MAY BE A POST OFFICE BOX**)*

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: _____

(Florida street address)

New Registered Office Address:

_____, Florida
(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 type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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

MISSION STATEMENT

The mission of NBFEE is to elevate the practice of forensic mental health evaluations.

NBFEE strives to ensure that highest level of standards are developed, maintained, and practiced by our members.

We believe that such standards better inform the court system, promoting the welfare and protection of the American public.

NBFEE accomplishes this mission through two goals: 1. To provide quality training, education, and consultation for mental

health professionals practicing forensic mental health evaluation. This is accomplished through (1) a rigorous certification program inclusive of the vetting of applicants and the administration of written and oral examination,

(2) a continuing education program consisting of live events, homestudies, and "on-demand" webinars, and

(3) publications developed and disseminated by a highly specialized team of trained forensic mental health professionals.

2. To expand community access to forensic evaluation by advocating for fair and equal access to psychological testing

and evaluation for all licensed mental health professions (i.e., counselors, marriage and family therapists, psychologists,

psychiatrists, social workers, and psychiatric nurse practitioners). This accomplished by (1) developing partnerships with

professional associations, (2) providing forensic mental health-related technical consultation to professional associations, (

3) educating legislators on issues related to forensic mental health; and (4) publishing and updating analysis papers

on testing qualifications.

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

Effective date if applicable: 12/27/2021
(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 12/27/2021

Signature Norman E Hoffman PhD

(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)

Norman E Hoffman, PhD

(Typed or printed name of person signing)

President

(Title of person signing)