

N10 0000001895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

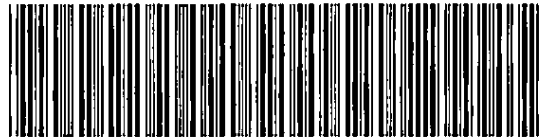
(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2019 NOV 18 AM 8:49



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2019

IMENE SEIDE
20961 NE 2 AVE
MIAMI, FL 33179

SUBJECT: JIBS TRAINING CENTER, INC.
Ref. Number: N10000001895

We have received your document for JIBS TRAINING CENTER, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 219A00020757

2019 OCT 10 11:10:22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2019

IMENE SEIDE
JIBS TRAINING CENTER, INC.
20961 NE 2 AVE
MIAMI, FL 33179

SUBJECT: JIBS TRAINING CENTER, INC.
Ref. Number: N10000001895

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 419A00017752

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jibs Training Center, Inc

DOCUMENT NUMBER: N10000001895

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

Please return all correspondence concerning this matter to the following:

Imene Seide

(Name of Contact Person)

Jibs Training Center, Inc

(Firm/ Company)

20961 NE 2 Ave

(Address)

Miami Florida 33179

(City/ State and Zip Code)

jibshomecare@yahoo.com

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

For further information concerning this matter, please call:

Imene Seide

305

370-9099

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

2019 SEP 23 PM 12:28

Articles of Amendment
to
Articles of Incorporation
of

Jibs Training Center, Inc

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

N10000901895

(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:

Jibs Healthcare Training Services Inc

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)

20961 NE 2 Ave Miami Florida 33179

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20961 NE 2 Ave Miami Florida 33179

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:

Imene Seide MSN BSN RN

20961 NE 2 Ave

(Florida street address)

New Registered Office Address:

Miami

(City)

Florida 33179

(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

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2019 NOV 8 AM 8:49

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

Jibs Health Care Training Services is composed of experienced healthcare experts dedicated to train
and educate healthcare professionals. Jibs will provide training for non-medical home care services.

Provide training for Home Health Aide

Provide non medical services

CPR / First Aid
CNA Challenge Review
NCLEX Review
Consultation Services
Conferences; seminars; workshops
Health Fairs
Health Teachings
Mentoring
Coaching

07/01/2019

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

09/01/2019

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

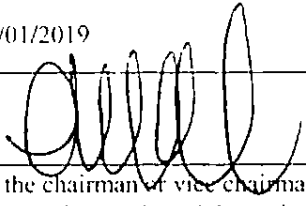
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 07/01/2019 _____

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)

Imene Seide MSN BSN RN

(Typed or printed name of person signing)

CEO

(Title of person signing)