

N10000006763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

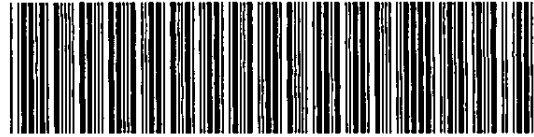
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/23/13--01035--028 **43.75

FILED
12 SEP 23 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rmd

OCT -1 2013

R. WHITE

To: Amendment Section
Division of Corporations

*2ND
TIME*

Please see attached a copy of the Articles of Amendment that was forwarded on August 28 to amend new Directors and remove two Directors for NH-ISAC, Inc.

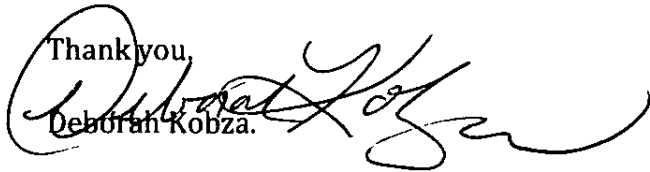
I called on Friday, September 20 to check on status, and was advised that it hadn't been processed yet, to check back on Monday and that it takes 3-5 days to update on Sunbiz online. I also checked our bank, and the check for filing hasn't been processed.

I am forwarding a second copy (see attached) with a separate check to ensure receipt and processing.

If you have the 1st check mailed on August 29, but just haven't processed yet, please return the attached check with the requested certified copy.

Thank you.

Deborah Kobza.



COVER LETTER

TO: Amendment Section
Division of Corporations

NH-ISAC, Inc.

NAME OF CORPORATION: _____

N10000006763

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Deborah Kobza

(Name of Contact Person)

NH-ISAC, Inc.

(Firm/ Company)

401 Boating Club Road

(Address)

St. Augustine, FL 32084

(City/ State and Zip Code)

dkobza@nhisac.org

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

For further information concerning this matter, please call:

Deborah Kobza

904

476-7858

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

Articles of Amendment
to
Articles of Incorporation
of

NH-ISAC, Inc.

FILED

10 SEP 23 AM 11:45

(Name of Corporation as currently filed with the Florida Dept. of State)
N10000006763

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

N/A

_____ *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.*

N/A

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)

N/A

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:

N/A
Name of New Registered Agent: _____

(Florida street address)

N/A
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 checked="" type="checkbox"/> Remove	<u>D</u>	<u>Joseph Kobza</u>	<u>401 Boating Club Road</u> <u>St. Augustine, FL 32084</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Joshua Singletary</u>	<u>401 Boating Club Road</u> <u>St. Augustine, FL 32084</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Michael Wagner</u>	<u>Johnson and Johnson</u> <u>1 Johnson and Johnson Pl</u> <u>New Brunswick NJ 08933</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>John Sapp</u>	<u>McKesson Corporation</u> <u>1220 Senlac Drive</u> <u>Carrollton, TX 75006</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>James Routh</u>	<u>Aetna</u> <u>151 Farmington Ave ASA2</u> <u>Hartford, CT 06156</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Sharon Finney</u>	<u>Adventist Health System</u> <u>900 Hope Way</u> <u>Altamonte Springs FL</u>

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

Additional Directors added are provided below:

7.) Add	D	Terence Rice	Merck Corporation
			P.O. Box 100
			Whitehouse Station, NJ 08889

8.) Add	D	Nikolay Chernevsky	Amgen
			One Amgen Center Drive
			Thousand Oaks, CA 91320

9.) Add	D	Tony Kirtley	Monsanto
			800 North Lindbergh Blvd.
			St. Louis, MO 63167

10.) Add	D	Reid Stephan	St. Luke's Health System
			2720 Stone Park Blvd.
			Sioux City, Iowa 51104

11.) Add	D	James Doggett	Kaiser Permanente
			401 Bicentennial Way
			Santa Rosa, VA 95403


The date of each amendment(s) adoption: August 27, 2013, if other than the date this document was signed.

Effective date if applicable: August 27, 2013
(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(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 August 28, 2013

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)

Deborah Kobza

(Typed or printed name of person signing)

Executive Director

(Title of person signing)