# N1000007669

(Requestor's Name)
(Address)
(Address)
( (dayses)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ration: Stork's Nest o	f Jacksonville, Inc.	
DOCUMENT NUM	BER: <u>N10000007669</u>		
The enclosed Articles	of Amendment and fee are sub	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
		a Bryant-Riggins	
	(Name of	f Contact Person)	
	Beta Alpha Zeta Chap	oter of Zeta Phi Beta Sororit	ty
	(Firm	n/ Company)	
	P.O.	Box 41302	
	<del></del>	Address)	
	laaksar	nville, Fl 32202	
		ate and Zip Code)	
	President@ E-mail address: (to be use	zetaphibetajax.org ed for future annual report notific	cation)
For further information	on concerning this matter, pleas	se call:	
Dr. Victoria Bryant-Riggins (Name of Contact Person)		at ( 904 ) 905019	4 ime Telephone Number)
•		`	•
Enclosed is a check f	or the following amount made	payable to the Florida Departmen	nt 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)
	ing Address	Street Address	,
	ion of Cornerations	Amendment Section Division of Corporati	ions
	ion of Corporations Box 6327	Clifton Building	IOIIS
Tallahassee, FL 32314		2661 Executive Center	er Circle

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2011

DR. VICTORIA BRYANT-RIGGINS P.O. BOX 41302 JACKSONVILLE, FL 32203

SUBJECT: STORK'S NEST OF JACKSONVILLE INC.

Ref. Number: N1000007669

We have received your document for STORK'S NEST OF JACKSONVILLE INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 011A00017139

www.sunbiz.org

### **Articles of Amendment Articles of Incorporation** of

Stork's Nest of Jack	sonville, Inc.				
(Name of Corporation as currently filed	with the Florida Dept. of S	tate)			
N1000007	669				
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 617.1006, Florida St the following amendment(s) to its Articles of Incorporation		Profit Corporation adopts			
A. If amending name, enter the new name of the corpo	oration:				
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." ma	word "corporation" or "in ay not be used in the name.	corporated" or the			
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<b>2</b> 66 -			
(Mating that BE A FOST OFFICE BOA)		1			
		77			
,					
D. If amending the registered agent and/or registered					
new registered agent and/or the new registered office	ce address:	0.55 55			
Name of New Registered Agent:					
New Registered Office Address:	(Florida street address)				
	(City)	, Florida (Zip Code)			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. position.	red Agent: I am familiar with and acco	ept the obligations of the			
Signature of	f New Registered Agent, if ch	anging			

## 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)

<u>Title</u>	<u>Name</u>		Address	Type of Action
•	<del></del>			□ p
	<del> </del>	· · · · · · · · · · · · · · · · · · ·		
Please a Stork's N education distribution	est of Jacksonvillenal and scientific	Section 2 Purpose, to e, Inc. is organized purposes, including,	exclusively for cha for such purpose tempt organization	s the making of
		***************************************		
	<del> </del>			

The date of each amendmen	nt(s) adoption: 7/12/2011
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members of adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.
Signature (E	by the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Dr. Victoria Bryant-Riggins  (Typed or printed name of person signing)
	President (Title of President)
	(Title of person signing)