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Amend RC News 1-28-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Southeast Alliance For Nonprofit Excellence, Inc.				
DOCUMENT NUMI	BER: N11000000142			
The enclosed Articles	of Amendment and fee are subm	nitted for	filing.	
Please return all corre	spondence concerning this matte	er to the f	ollowing:	
	Ms. Melinda		· · · · · · · · · · · · · · · · · · ·	
	(Name of C	Contact P	erson)	
	(Firm/	Company	у)	
	3907 Du		ourt	
	. (A /	ddress)		
	Tallahass	 		
	(City/ State	and Zip	Code)	
	melindapi E-mail address: (to be used			on)
For further information	n concerning this matter, please	call:		
Ms. Melinda Piller,	President	at (850 545-8484 (Area Code & Daytime	
(Name o	of Contact Person)	, ,	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	r the following amount made page	yable to t	he Florida Department c	of State:
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certifi	ed Copy ional copy is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	g Address ment Section		Street Address Amendment Section	,
Divisio	on of Corporations		Division of Corporations	•
	ox 6327 assee, FL 32314		Clifton Building 2661 Executive Center C	Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

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Southeast Alliance For Nonprofit Excellence, In (Name of Corporation as currently filed with the Florida Dept. of

N11000000142 (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: Center For Nonprofit Excellence, 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. 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) 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: New Registered Office Address: (Florida street address) (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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	Linda Alexionok	1010 Lothian Dr. Tallahassee, FL 32312	_
<u>s</u>	Donna O'Neal	1010 Lothian Dr. Tallahassee, FL 32312	_
			_
E. <u>If amendi</u> (attach add	ng or adding additional Articles, enter ditional sheets, if necessary). (Be speci	change(s) here:	
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendmen	t(s) adoption: January 19, 2011
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	Junuary 19,2011 Melender Peller
(By	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Melinda Piller
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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