

N11000007443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

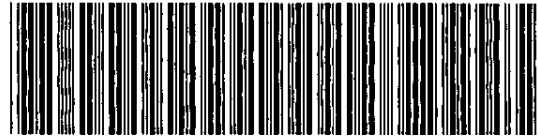
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Returned
Minutes &
By-laws to
Corporation.
DC
2-8-13

Office Use Only



300242161263

300242161263
01/07/13--01038--003 **35.00

13 FEB -7 PM 4:54
61160

Amend.
2-8-13
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2013

*Corrected 2/4/13
Elise Veremakis*

ELISE VEREMAKIS
FLORIDA COUNCIL OF PRACTICAL N EDUCATION
3108-S. LAKESHORE CT.
EUSTIS, FL 32726

SUBJECT: FLORIDA COUNCIL OF PRACTICAL N EDUCATION
ADMINISTRATORS INC
Ref. Number: N11000007443

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 current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE NOTE: The word "nurse" is not a part of your corporate name. If you choose to add the word "nurse" to the corporate name, Section #A of the amendment is the appropriate section to change your corporate name.

Minutes and Bylaws are not filed with the Division of Corporations and should be kept with the records of the corporation.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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

Letter Number: 113A00000945

RECEIVED
13 FEB -7 AM 7:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Council of Practical Nursing Education Administrators
DOCUMENT NUMBER: N11000007443

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

Please return all correspondence concerning this matter to the following:

Elise Veremakis

(Name of Contact Person)

Florida Council of Practical Nursing Education Administrators
(Firm/ Company)

3108 S. Lakeshore Ct.

(Address)

Eustis, FL 32726

(City/ State and Zip Code)

vererob@comcast.net

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

For further information concerning this matter, please call:

Elise Veremakis

(Name of Contact Person)

at (352) 978-3471

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Florida Council of Practical N Education Administrators INC
(Name of Corporation as currently filed with the Florida Dept. of State)

N11000007443

(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)

3108 S. Lakeshore Ct.
Eustis, FL 32726

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

3108 S. Lakeshore Ct.
Eustis, FL 32726

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:

Elise Veremakis

3108 S. Lakeshore Ct.

(Florida street address)

New Registered Office Address:

Eustis

(City)

, Florida

32726

(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.

Elise Veremakis

Signature of New Registered Agent, if changing

13 FEB - 7 PM 4:56

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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----------|-------------------------|--------------------------------|
| 1) <input type="checkbox"/> Change | <u>T</u> | <u>Lucinda M Sutton</u> | <u>4030 NW 4th St.</u> |
| <input type="checkbox"/> Add | | | <u>Coconut Creek, FL 33066</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change | <u>S</u> | <u>Rose Ann Roche</u> | |
| <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>TS</u> | <u>Elise Veremakrs</u> | <u>3108 S. Lakeshore Ct.</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Eustis, FL 32726</u> |
| <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 | | | |

[illegible]

The date of each amendment(s) adoption: 11-09-2012

Effective date if applicable: 11-09-2012
(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 2-4-2013
Signature Elise Veremakis

(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)

Elise Veremakis
(Typed or printed name of person signing)

Secretary - Treasurer FCPNEA
(Title of person signing)