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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE PHILIPPINE NURSES ASSOCIATION OF TREASURE COAST, INC.					
OF TREASURE COAST, INC.					
DOCUMENT NUMBER: N13000002799					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Elizabeth Marull (Name of Contact Person)					
Philippine Murses Association of Palm Beach, Inc. (Firm/Company)					
10131 Forest Hill Blvd. Suite 100A (Address)					
Wellington, Florida 33414 (City/State and Zip Code)					
bmar 1900 @ quail. com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Dizabeth Marull an 561-317-2157					
(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 \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \\ Certificate of Status					
Mailing Addungs					

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

THE PHILIPPINE NURSES	· ASSOCIATIO	N 0F7	REASURE	COAST, IX
(Name of Corporation as o	urrently filed with the	Florida Dep	t. of State)	,
N130000	02799			
(Document	Number of Corporation	(if known)		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida No</i>	ot For Profit	Corporation adopts th	ne following
A. If amending name, enter the new name of the cor				
PHILIPPINE NURSES	ASSOCIATI	70 Mg	PALM BEI	ACH, INC.
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpo	rated" or the	abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI		· · · · · · · · · · · · · · · · · · ·		
				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	· · · · · · · · · · · · · · · · · · ·			SE SEC
				A SPACE
				SCORE LEC
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		rida, enter th	e name of the	3 90
Name of New Registered Agent:		-41		بن الم
New Registered Office Address:		(Florida stree	(address)	
			, Florida	
	(City)		, Florida (Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		cept the oblig	ations of the position.	
	Signature of New Re	egistered Age	nt, 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: X_Change X_Remove Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	Angelito Lopez	1039 Centerstone Lane Riviera Beach, FL
Remove			33404
2) Change Add Remove			
3)ChangeAdd			
Remove 4) Change			
Add Remove			
5) Change Add Remove			
6) Change			
Remove			

f amending or adding addi attach additional sheets, if no	ecessary). (Be	specific)				
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The date	e date of each amendment(s) adoption: <u>March 4, 2017</u> e this document was signed.	, if other than the
Eff	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not cument's effective date on the Department of State's records.	be listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 4/18/2017	
	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)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	