

N14000007070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

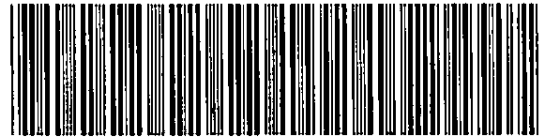
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600303036836

08/30/17--01011--007 \*\*35.00

2017 AUG 30 AM 9:49

SEP 01 2017  
CLERK

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Northeast Florida Mental Health Counselors Association

DOCUMENT NUMBER: NI4000007070

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

Please return all correspondence concerning this matter to the following:

Peggi Wegener

\_\_\_\_\_  
(Name of Contact Person)

Northeast Florida Mental Health Counselors Association

\_\_\_\_\_  
(Firm/ Company)

8 UNF Drive, Suite 105

\_\_\_\_\_  
(Address)

Jacksonville, Florida 32224

\_\_\_\_\_  
(City/ State and Zip Code)

Board@nefmhca.com

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

For further information concerning this matter, please call:

Peggi Wegener

904

262-1900

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:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

2011 AUG 30 AM 9:43  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Northeast Florida Mental Health Counselors Association

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

N14000007070

(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)

Northeast Florida Mental Health Counselors Association

8 UNF Drive, Suite 105

Jacksonville Florida 32224

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Northeast Florida Mental Health Counselors Association

8 UNF Drive, Suite 105

Jacksonville Florida 32224

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: Peggi Wegener

8 UNF Drive, Suite 105

(Florida street address)

New Registered Office Address:

Jacksonville

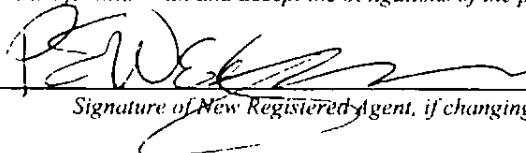
(City)

Florida 32224

(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

2017 AUG 30 4 14 PM  
CLERK OF THE COURT  
JACKSONVILLE, FLORIDA

**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>P</u>	<u>Erica Whitfield</u>	<u>1141 Kendall town Blvd 7207</u> <u>JACKSONVILLE, FL 32216</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Peggi Wegener</u>	<u>8 UNF Drive, Suite 105</u> <u>Jacksonville Florida 32224</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Peggi Wegener</u>	<u>2950 Halcyon Lane Suite 204</u> <u>JACKSONVILLE, FL 32223</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Ifetayo Titilola Kumasi-Ka</u>	<u>8 UNF Drive, Suite 105</u> <u>Jacksonville Florida 32224</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Tyrenia Cross</u>	<u>7235 BONNEVAL RD #205</u> <u>JACKSONVILLE, FL 32256</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Nena Tahl</u>	<u>8 UNF Drive, Suite 105</u> <u>Jacksonville Florida 32224</u>

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

Remove Treasurer Dyvonnda Thurston - address:4540 SOUTHSIDE BLVD 401 JACKSONVILLE, FL 32216

The date of each amendment(s) adoption: 8/19/17, if other than the date this document was signed.


Effective date if applicable: 8/19/17  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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 8/19/17

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)

Peggi Wegener  
(Typed or printed name of person signing)

President  
(Title of person signing)