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COVER LETTER

TO: Amendment Section Division of Corporations

FLORIDA ORGAN	IIZATION OF NURSE I	EXECUTIVES FOUNDATION, INC.
DOCUMENT NUMBER: N15000001	292	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Jay Fleisher, Esq.		
	(Name of Contact Perso	on)
Law Office of Jay Fleish	er, Esq.	
	(Firm/ Company)	
11380 Prosperity Farms	Rd., Ste. 2	04
	(Address)	
Palm Beach Gardens, F	L 33410	
	(City/ State and Zip Cod	le)
dcbradyasoc@m		
E-mail address: (to be used For further information concerning this matter, please	•	notification)
		007 7004
Jay Fleisher, Esq.	at (56 1	627-7004
(Name of Contact Person)	(Area C	Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Dep	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amen Divisi Clifto 2661	Address dment Section on of Corporations n Building Executive Center Circle hassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLORIDA ORGANIZATION OF NURSE EXECUTIVES FOUNDATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) N15000001292 (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: n/a name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." "Company" or "Co." may not be used in the name. 7380 W. Sand Lake Road, Suite 500 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Orlando, Florida 32819 C. Enter new mailing address, if applicable: 7380 W. Sand Lake Road, Suite 500 (Mailing address MAY BE A POST OFFICE BOX) Orlando, Florida 32819 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: n/a Name of New Registered Agent: (Florida street address) New Registered Office Address: n/a (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.

Page 1 of 4

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)

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 X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sm	<u>nes</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change		_	n/a	-	
Add				,	
Remove					
2) Change		_		-	
Add					
Remove					
3) Change		_			
Add					
Remove				•	
4) Change					
Add		_		•	
Remove					
5) Change					
Add		_		•	
Remove					
6) Change		_			
Add					
Remove					

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
n/a	
 	
	

The	, if other than the	
Eff	(no more than 90 days after amendment file date)	
Ade	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.	
	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)	
	Diane Brady-Schwartz	
	(Typed or printed name of person signing) President	
	(Title of person signing)	