

N160000007784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 FEB 14 7:19:44

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NIGERIAN NURSES ASSOCIATION FLORIDA INC

DOCUMENT NUMBER: N16000007784

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

Please return all correspondence concerning this matter to the following:

NGOZI ODOH

(Name of Contact Person)

NIGERIAN NURSES ASSOCIATION FLORIDA INC

(Firm/ Company)

626 EASTWOOD COURT

(Address)

ALTAMONTE SPRINGS FLORIDA

32714

(City/ State and Zip Code)

NBLESSING8@GMAIL.COM

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

For further information concerning this matter, please call:

NGOZI ODOH

407-754 6710

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 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 checked="" 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

17 FEB 14 11:10:14

NIGERIAN NURSES ASSOCIATION FLORIDA INC.

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

N16000007784

(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:

NOT APPLICABLE

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**)

626 EASTWOOD COURT

ALTAMONTE SPRINGS FLORIDA, 32714

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

626 EASTWOOD COURT

ALTAMONTE SPRINGS FLORIDA, 32714

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:

NGOZI ODOH

626 EASTWOOD COURT

(Florida street address)

New Registered Office Address:

ALTAMONTE SPRINGS

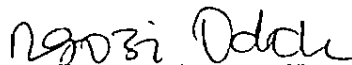
(City)

Florida 32714

(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

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
X Add	SV	Sally Smith

Page 2 of 4

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

Effective date if applicable: _____
(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 2/10/2017

Signature NGOZI ODOH
(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)

NGOZI ODOH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)