

N16000008718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

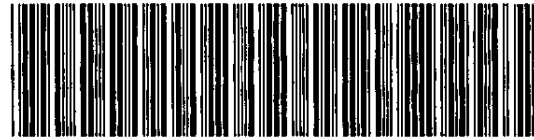
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 DEC -5 PM 4:05

DEC 7 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2016

MARI C. FLORES / NUEVA VEDA BEHAVIOR CENTER OF TAMPA
5024 E. SLIGH AVE B
TAMPA, FL 33617 US

SUBJECT: NUEVA VIDA BEHAVIOR CENTER OF TAMPA INC
Ref. Number: N16000008718

We have received your document for NUEVA VIDA BEHAVIOR CENTER OF TAMPA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You can not change officers on the registered agent change form. You will need to fill out the amendment form.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 316A00025119

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Nueva Vida Behavior Center of Tampa Inc

DOCUMENT NUMBER: N16000008718

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

Please return all correspondence concerning this matter to the following:

MARI C. Flores

(Name of Contact Person)

(Firm/ Company)

5024 E. Sligh Ave B.

(Address)

Tampa FL 33617

(City/ State and Zip Code)

M.FNotaryPublicNow@gmail.com

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

For further information concerning this matter, please call:

MARI C. Flores

(Name of Contact Person)

at

8134521739

(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

RECEIVED

16 DEC -5 AM 8:54

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2016 DEC -5 PM 4:05

Nueva Vida Behavior Center of TAMPA INC

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

N16000008718

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(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

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>VP</u> | <u>Mrs. Olga Kredi</u> | <u>11747 Newberry Grove Loop</u> <u>Riverview Fl. 33598</u> |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>S</u> | <u>Mrs. Maria Kredi</u> | <u>11747 Newberry Grove Loop</u> <u>Riverview Fl. 33598</u> |
| 3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>VP</u> | <u>Mr. Gerardo Vargas</u> | <u>3730 W. Idlewild Cir Apt. 121</u> <u>Tampa Fl. 33614</u> |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>S</u> | <u>Mr. Edgardo Rivera</u> | <u>3730 W. Idlewild Cir Apt. 121</u> <u>Tampa Fl. 33614</u> |
| 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 | _____ | _____ | _____ |

(attach additional sheets, if necessary). (Be specific)

(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: _____
date this document was signed.

December 2 2016

SECRETARY, if other than the
DIVISION OF CORPORATIONS

Effective date if applicable: _____

12/2/16

(no more than 90 days after amendment file date)

2016 DEC -5 PM 4:05

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

12/2/16

Signature

Mazzi C. Flores

(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)

Mazzi C. Flores

(Typed or printed name of person signing)

President

(Title of person signing)