

N1700000 4673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

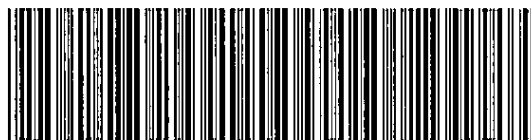
(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 AUG 23 PM 4:58

FILED

C. GOLDEN

AUG 26 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The National Nursing Career Development and Research Association, Inc.

DOCUMENT NUMBER: N17000004673

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

Please return all correspondence concerning this matter to the following:

Nicole Stokes-Smith

(Name of Contact Person)

N/A

(Firm/ Company)

614 East Highway 50 Suite 373

(Address)

Clermont, Florida 34711

(City/ State and Zip Code)

punitedall@gmail.com

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

For further information concerning this matter, please call:

Nycole Graham

407

496-1757

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 checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2019

NYCOLE L GRAHAM ***2ND MAILING***
6361 SWANSON STREET
WINDERMERE, FL 34786

SUBJECT: THE NATIONAL NURSING CAREER DEVELOPMENT &
RESEARCH ASSOCIATION, INC.
Ref. Number: N17000004673

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden
Regulatory Specialist II

Letter Number: 919A00014835

2019 AUG 23 PM 12:04

REC'D
DIVISION OF CORPORATIONS
FIDELITY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2019

NICOLE STOKES-SMITH
614 EAST HIGHWAY 50
SUITE 373
CLERMONT, FL 34711

SUBJECT: THE NATIONAL NURSING CAREER DEVELOPMENT &
RESEARCH ASSOCIATION, INC.
Ref. Number: N17000004673

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden
Regulatory Specialist II

Letter Number: 919A00014835

2019 AUG -5 PM 2:39

RECEIVED

Articles of Amendment
to
Articles of Incorporation
of

FILED

The National Nursing Career Development & Research Association, Inc.

2019 AUG 23 PM 4:58

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

N17000004673

(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:

Community Health Outreach Inspiring Community Excellence, Inc.

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:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

614 East Highway 50

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

Suite 373

Clermont, Florida 34711

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:

N/A

(Florida street address)

New Registered Office 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.

N/A

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 checked="" type="checkbox"/> Change	<u>P</u>	<u>Nycole Graham</u>	<u>614 East Highway 50</u>
<input type="checkbox"/> Add			<u>Suite 373</u>
<input type="checkbox"/> Remove			<u>Clermont, FL 34711</u>
2) <input type="checkbox"/> Change	<u>VP</u>	<u>Nicole Stokes-Smith</u>	<u>614 East Highway 50</u>
<input checked="" type="checkbox"/> Add			<u>Suite 373</u>
<input type="checkbox"/> Remove			<u>Clermont, FL 34711</u>
3) <input type="checkbox"/> Change	<u>T</u>	<u>Dorian Williams</u>	<u>614 East Highway 50</u>
<input checked="" type="checkbox"/> Add			<u>Suite 373</u>
<input type="checkbox"/> Remove			<u>Clermont, FL 34711</u>
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			

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

N/A

July 8, 2019

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

July 8, 2019

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.

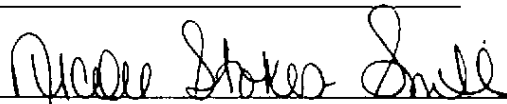
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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.

July 8, 2019

Dated _____

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)

Nicole Stokes-Smith

(Typed or printed name of person signing)

Vice President

(Title of person signing)