N70000009853

(Requestor's Name)
	(Address)
	(Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
1	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	·

Office Use Only

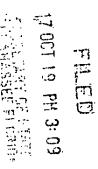


900304674289

10/19/17--01015--009 **35.00

S. TALLEN OCT 23 2017

MC



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Black Nurses Rock V	olusia/Flagler Cha	pter, Inc.	·		
DOCUMENT NUMBER:	N17000009853		·			
The enclosed Articles of Am	endment and fee are subm	itted for filing.				
Please return all corresponde	nce concerning this matter	to the following:				
April Harden						
	(Name of Contact	Person)			
Black Nurses Rock Volusia/	Flagler Chapter					
		(Firm/ Compa	ny)			
503 Crowne Sunset Dr. apt	1318					
		(Address)			· · · · · · · · · · · · · · · · · · ·	
Ormond Beach, FL 32174						
	(City/ State and Zip	Code)			
aharden02@gmail.com						
Е	-mail address: (to be used	for future annual r	eport noti	fication)	
For further information conce	erning this matter, please c	all:				
April Harden			386		451-9177	
	(Name of Contact Person)		(Area	Code)	(Daytime Teleph	one Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida	Departm	ent of S	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	\$43.75 Filing Fe Certified Copy (Additional copy enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		Street Address Amendment Section				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Black Nuses Rock Volusia/Flagler. Inc

(Name of Corporation as cur	rently filed with the Flo	rida Dept. of State)
N17000009853		
(Document Nu	mber of Corporation (if)	(nown)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
Black Nurses Rock Volusia/Flagler Chapter, Inc.		. The new
name must be distinguishable and contain the word "corpo "Company" or "Co," may not be used in the name.	oration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)	
C. Enter new mailing address, if applicable:		7
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered o		, enter the name of the
new registered agent and/or the new registered offic	ee address:	
Name of New Registered Agent:		
	(F	lorida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		t the obligations of the position.
	*	
	Signature of New Regis	tered 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 <math>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	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		<u> </u>	
Add Remove			
2) Change			
Remove			
3) Change Add			
Remove 4) Change			
Add			
Remove 5) Change			
Add			
Remove 6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
		· · · · · · · · · · · · · · · · · · ·	 	· - · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
		,	······································	
·				
		· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
				· • · · · · · · · · · · · · · · · · · ·
	<u></u>	·	· · · · · · · · · · · · · · · · · · ·	

	this document was signed.	ເກ
Eff	ctive date if applicable:	
	(no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.	
Add	ption 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.	
	Dated	
	Signature April Jandon	
	(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)	
	April Harden	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	