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(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

Nissi Worldwid NAME OF CORPORATION:	<u> </u>		
B2-4102513 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Sara Lefevers			
	(Name of Contact Perso	n)	
Nissi Worldwide			
	(Firm/ Company)		
6202 Sarah Dr.			
	(Address)		
Pensacola, FL 32503			
	(City/ State and Zip Cod	e)	
slefevers@thenissiproject.org			
E-mail address: (to be	used for future annual report	notificatio	n)
For further information concerning this matter, p	lease call:		
Sara Lefevers	85. at	0	2068107
(Name of Contact Pe		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida Dep	artment of	State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee Certificate of Sta		Certif Certif	0 Filing Fee Teate of Status Ted Copy Itional Copy is Osed)
Mailing Address Amendment Section	•	Address	ion

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Nissi Worldwide, Inc.		
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N18000001022		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts	s the following
A. If amending name, enter the new name of the corporat	tion:	
The NISSI Project, Inc. (NISSI = Network of Immediate Serv	vices for Survivors International)	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Cor	
B. Enter new principal office address, if applicable:	6202 Sarah Dr.	
(Principal office address MUST BE A STREET ADDRESS	Pensacola, FL 32503	
		~)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 1091	<u>:-</u> ;
	Pensacola, FL 32591	<u>۔</u> ن
	•	
D. If amending the registered agent and/or registered offi		PN 2: 37
new registered agent and/or the new registered office a	address.	
Name of New Registered Agent:	<u> </u>	
	(Florida street address)	
New Registered Office Address:	friorna siver dadress)	
	, Florida	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ion.
	ignature of New Registered Agent, if changing	

1 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	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change × Add	<u>P</u>	Stephanie Costelo	PO Box 1091 Pensacola, FL 32591
Remove 2) Change x Add	<u>D</u>	Mike Smith	5621 US-90, Milton, FL 32583
Remove 3) Remove x Add Remove	D	Craig Hinsman	6205 North W Street. Pensacola, FL 32505
4) Change Add	<u>T</u>	Mason Hovt	PO Box 1091 Pensacola, FL 32591
Remove 5) Change	D	Emily Lalas	900 N 12th Ave. Pensacola, FL 32501
Remove 6) Change	Co-T	Patty Brown	5621 US-90, Milton, FL 32583
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
Additional Board Member - ADD - D - Jodi Palmer -	•	etchen Busbee - PO Box 1091 Pensacola, FL sacola, FL 32591	32591

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The date of such assessment and a de-	Ata	if ash an show she
	tion:	, if other than the
date this document was signed.		
Effective date if applicable:		
interior date mappinearie.	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will no tment of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The man described to the state of the state	and her the manches and the mark of the second seco	
The amendment(s) was/were adop was/were sufficient for approval.	ited by the members and the number of votes cast for the amendment(s)	

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) Sara Lefevers
	(Typed or printed name of person signing)
	President and CEO
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.