## N30/72

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

Office Use Only



900171958369

03/23/10--01033--004 \*\*52.50

4-1-2010

2010 MAR 23 AM 9: 54
SECRETARY OF STATE

NC

MAR 25 2010

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPO	ORATION: The Florida	Chapter of the Soc	iety O Social work
	Administr	apris in Health Car	e Inc
	IBER: <u>N 3017</u>		
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corr	espondence concerning this mat	eter to the following:	
	Nancy 6. Dra	f Contact Person	
	Treasurer (Firm		
	·		
	3132 NW 5	7th Terrace	<del></del>
	(	Address)	
	Gainesville,	FL 32606	
	(City/ Šta	nte and Zip Code)	<del></del>
	seig 1627 A	o caxinet	
	E-mail address: (to be use	od for future annual report notific	ation)
For further informati	on concerning this matter, pleas	e call:	
Nancy G.	Draffin-Ingram	at ( <u>352</u> ) <u>373</u> (Area Code & Daytin	-7034
<b>√</b> (Name	e of Contact Person)	(Area Code & Daytin	me Telephone Number)
Enclosed is a check f	for the following amount made p	payable to the Florida Departmen	t of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address	Street Address	· · · · · · · · · · · · · · · · · · ·
	ndment Section sion of Corporations	Amendment Section Division of Corporation	ons
P.O.	Box 6327	Clifton Building 2661 Executive Cente	
i alla	hassee, FL 32314	2001 Executive Cente	i Chuic

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

(Name of Corporation as curren	tly filed with t	he Florida Dept. of	ork Administratory in State Hereth, Care In
N 3017	12		7-11
(Document Numb		on (if known)	
Pursuant to the provisions of section 617.1006, F the following amendment(s) to its Articles of Income		this Florida Not Fo	r Profit Corporation adopts
A. If amending name, enter the new name of t	the corporation	<u>1:</u>	مناسليم
The Florida Chapter of the So The new name must be distinguishable and con	ciety for	Social Work	in Halth Care, Inc
The new name must be distinguishable and con abbreviation "Corp." or "Inc." "Company" or	ntain the word "Co." may not	"corporation" or " be used in the name	incorporated" or the :
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	' <u>E BOX</u> )		FILED 2010 MAR 23 AM 9: 54 SEURETARY OF STATE TALLAHASSEE, FLORIDA
D. If amending the registered agent and/or renew registered agent and/or the new registered.			enter the name of the
Name of New Registered Agent:			EFFECTIVE DATE
New Registered Office Address:	(Flori	da street address)	
_			, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.	g Registered A agent. I am	gent: familiar with and ac	ecept the obligations of the
	anatura of Nove	Projectanad Acoust :f	changing
Sig	gnature of New	Registered Agent, if	cnanging

## 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
			<b>—</b>
<del> </del>			
E. If amen	ding or adding additional Ar additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
-			·
		•	

The date of each amendment(s) adoption: March 22 2010
Effective date if applicable:  (date of adoption is required)  April 1, 2010  (no more than 90 days after amendment file date)
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 March 22, 2010
Signature  Nancy Introffen - Ingram  (By the chairman or vice chairman of the board, president or other officer-if directed have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
Nancy G. Draffin- Ingram  (Typed or printed name of person signing)
Treasurer
(Title of person signing)

Page 3 of 3