

N51436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Initiative for Suicide Prevention, Inc.-Florida Division

DOCUMENT NUMBER: N51436

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

Please return all correspondence concerning this matter to the following:

Jackie Rosen

(Name of Contact Person)

Florida Initiative for Suicide Prevention, Inc.-Florida Division

(Firm/ Company)

2645 Executive Park Drive

(Address)

Weston, FL 33331

(City/ State and Zip Code)

jrosenfisp@aol.com

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

For further information concerning this matter, please call:

Jackie Rosen

(Name of Contact Person)

at (954) 384-0344

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2011

JACKIE ROSEN
FLORIDA INITIATIVE FOR SUICIDE PREV.
2645 EXECUTIVE PARK DRIVE
WESTON, FL 33331

SUBJECT: FLORIDA INITIATIVE FOR SUICIDE PREVENTION, INC.-FLORIDA
DIVISION
Ref. Number: N51436

We have received your document for FLORIDA INITIATIVE FOR SUICIDE
PREVENTION, INC.-FLORIDA DIVISION and your check(s) totaling \$35.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the
adoption of the amendment(s).

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 811A00026193

RECEIVED

11 DEC -2 AM 8:25

TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Florida Initiative for Suicide Prevention, Inc.-Florida Division

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

N51436

(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:

Florida Initiative for Suicide Prevention, 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:

(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: _____

(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.

Signature of New Registered Agent, if changing

11 DEC -2 PM 1:18

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) _____	_____	_____ _____ _____
2) _____	_____	_____ _____ _____
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

[illegible]

The date of each amendment(s) adoption: _____

11/10/11

Effective date if applicable: _____

(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 _____

11/23/11

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)

Jackie Rosen

(Typed or printed name of person signing)

Exec. Dir./CEO

(Title of person signing)