

NS1436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FEB 20 2017

R. WHITE

17 FEB 17 PM 4:15  
FEB 17 2017  
FEB 17 2017

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

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

**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, Executive Director/CEO

Name of Contact Person

Florida Initiative for Suicide Prevention, Inc.

Firm/ Company

Old address 2645 Executive Park Drive new 13798 N.W. 4th Street, Suite 309

Address

Old address Weston, FL 33331 New address Sunrise, Florida 33325

City/ State and Zip Code

jrosen@fisponline.org

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

For further information concerning this matter, please call:

Jackie Rosen

at ( 954- ) 384-0344

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:

☒ \$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)

**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

February 6, 2017

JACKIE ROSEN  
13798 NW 4TH ST STE 309  
SUNRISE, FL 33325

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

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

You failed to make the correction(s) requested in our previous letter.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 817A00002336

RECEIVED

17 FEB 17 PM 12:10

850-245-6897 Fax

Articles of Amendment  
to  
Articles of Incorporation  
of

17 FEB 17 PM 4:15

Florida Initiative for Suicide Prevention, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N 51436

(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:

No

*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)

13798 NW 4<sup>th</sup> Street

Suite 309

Sunrise, FL 33325

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13798 NW 4<sup>th</sup> Street

Suite 309

Sunrise, FL 33325

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:

No

(Florida street address)

New Registered Office Address:

No

(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.*

No

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> |

Type of Action  
(Check One)

Title

Name

Address

- 1) ☐ Change  
☐ Add  
☒ Remove  
Dir. Joaquin Zeledon 12351 NW 6th St  
Plantation FL 33325
- 2) ☐ Change  
☐ Add  
☒ Remove  
Dr Toni Richardi 2717 E Oakland PK Blvd  
Suite ?  
Ft Lauderdale, FL 33306
- 3) ☐ Change  
☐ Add  
☒ Remove  
Mr. Douglas Russel 2645 Executive PK Dr  
Weston FL 33331
- 4) ☐ Change  
☐ Add  
☒ Remove  
Mr. Scott J. Brook 2855 N University Dr  
Suite 10  
Coral Springs, FL 33065
- 5) ☐ Change  
☐ Add  
☐ Remove  
Dr Benjamin Bachus 1000 Corp Dr  
Suite 700  
Ft Lauderdale, FL 33334
- 6) ☐ Change  
☒ Add  
☐ Remove  
Mrs JoSette McDonnell 7518 SW 26th Ct  
Unit 62  
Davie, FL 33314

[illegible]

The date of each amendment(s) adoption: Feb. 14, 2017, if other than the date this document was signed.

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.

Dated 2/14/2017

Signature Jacqueline H. Rosen  
(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)

Jacqueline H. ROSEN  
(Typed or printed name of person signing)

Exec. Dir./CEO  
(Title of person signing)