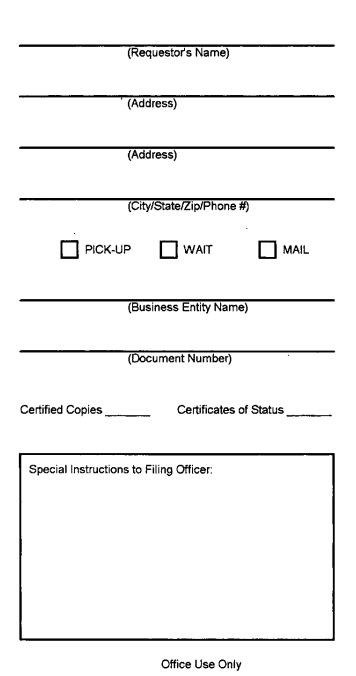
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SEURCHARY OF STATE



## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassec, FL 32314

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Division of Corporations National Nurses in Business Association, Inc. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pat Bemis Enterprises E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

01		
National Nurses in Rusiness Association Inc		
(Name of Corporation as currently filed with the Florida Dept. of State)		
148051000609		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendn	nent(s) to
A. If amending name, enter the new name of the corporation:		
Pat Bemis Enterprises, Inc	The ne	W.
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the able "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must convord "chartered," "professional association," or the abbreviation "P.A."	reviatio intain th	m 1e
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: , Florida (City) , Florida	14 HAR	SECRE 3003S
New Registered Agent's Signature, if changing Registered Agent:	<u>ω</u>	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	PM II: 4	
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)

. 4

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	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			- ditta-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			1870.4.304
Remove			
6) Change			
Add			
Remove			

	onal sheets, if necessa	ary). (Be specific	)		
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provisions f	ment provides for an for implementing the pplicable, indicate N.	e amendment if no	ification, or cance t contained in the a	Hation of issued si amendment itself:	iares,
provisions for	<u>for implementing the</u>	e amendment if no	ification, or cance t contained in the a	nation of issued si amendment itself:	ares,
provisions for	<u>for implementing the</u>	e amendment if no	ification, or cance t contained in the :	nation of issued si aniendment itself:	ares,
provisions f	<u>for implementing the</u>	e amendment if no	ification, or cance t contained in the :	nation of issued si aniendment itself:	iares,
provisions f	<u>for implementing the</u>	e amendment if no	ification, or cance t contained in the :	nation of issued si amendment itself:	iares,
provisions f	<u>for implementing the</u>	e amendment if no	ification, or cance t contained in the :	nation of issued si	iares,

The date of each amendment(s) adoption: 11/Arch 30/3014	, if other than the
date this document was signed.	
Effective date if applicable: March 30, 3014  (no more than 90 days after amendment file date)	<u></u>
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated3/30/14	
Signature Patricia Benia	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Patricia Romis	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>