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Division of Corporations

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN NBE FINANCIAL NETWORK, INC.

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8/14/2014





COVER LETTER

Division of Corporations
NAME OF CORPORATION: NEE FINANCIAL NETWORK, INC. DOCUMENT NUMBER: POSOOOO 20098
DOCUMENT NUMBER: POSOOO 20098
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL FLETCHER
Name of Contact Person
Firm/ Company
Address
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHAEZ FLETCHER at 305, 413-4877 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
Muiling Address Amendment Section Amendment Section
Division of Corporations Division of Corporations P.O. Box 6327 Cliffon Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of .
NBE Financial Network, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P050000 20098
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profu Corporation adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, anter the new name of the corporation: The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicables (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 umending 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:
D. If amending the registered agent and/or registered office address in Florida, enter the name of 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: [hereby accept the appointment as registered agent. I am familiar with analyze position of the position.
Signature of New Registered Agent, if changing

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address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Please note the officer/director title by the first latter 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. Change's 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: M John Doe X Change X Remove v Mike Jones X Add ΒV Sally Smith Type of Action Title Name Address (Check One) merritt. W. Fletcher 9370 Supset De Change Suite A-110 Remove Change Add Remove Change Remove Change Add Remove Change Add Remove Change Add Remove Page 2 of 4

if amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and