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Amend

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jeffer	son Center, Inc.
DOCUMENT NUMBER:	101199
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Dawn S. Lucido	
	(Name of Contact Person)
Jefferson Center, Inc.	
	(Firm/ Company)
930 N. Tamiami Tr.	
	(Address)
Sarasota, FL 34236	
	(City/ State and Zip Code)
dawn.lucido@jeffersonc	enter.net ed for future annual report notification)
For further information concerning this matter, please	se call:
Dawn S. Lucido	at (941) 953-9585
(Name of Contact Person	on) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	School Copy (Additional copy is enclosed) \$\begin{align*} \begin{align*} \left\ \$52.50 \text{ Filing Fee} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

منده

Articles of Amendment to Articles of Incorporation

Jefferson Center, Inc.

(Name of Corporation as cu	reantly filed with the Flori	da Dent of State)
1 /	71799	da Dept. o <u>r Otate</u>)
(Document N	Tumber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
		1,18
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	- 18 10 Eth M 201	
		<u> </u>
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 of		
Name of New Registered Agent:		
The of New Negation and Agent.	· · · · · · · · · · · · · · · · · · ·	
	(Flo	rida street address)
New Registered Office Address:	1	,
		, Florida
	(City)	(Zip Code)
N Paris and the state of t		
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I d	ered Agent: im familiar with and accept t	he obligations of the position.
	Signature of New Registe	red 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: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	Mariano J. Vera	3449 Yonge Ave.
Add			Sarasota, FL 34235
x Remove			
2) Change	T	Susan Brucklacher	3317 Riviera Dr.
X Add			Sarasota, FL 34232
Remove			
3) Change			
Add			17 000 000 000
Remove			
4) Change	***********		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, ij	i necessary). (B	e specific)			
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The date of each ame	endment(s) adoption:, if o	ther than the
date this document was	as signed.	
Effective date if appli	licable: 11/15/2016	
	(no more than 90 days after amendment file date)	
	rted in this block does not meet the applicable statutory filing requirements, this date will not be listed date on the Department of State's records.	ed as the
Adoption of Amendm	ment(s) (<u>CHECK ONE</u>)	
The amendment(s was/were sufficient	(s) was/were adopted by the members and the number of votes cast for the amendment(s) ent for approval.	
	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were poard of directors.	
Dated	11/15/2016	
Signature	e DEana Celidder	
J	(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)	
	Deana Widder	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	