N01000008161

(Req	uestor's Name)	
	ŕ	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	ne)
/Dea	over a set Nicosa ha a	
(000)	rument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





000295532780

BIT FEB 21 PH IZ: 01

2/3°

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OMMUNITY RESOURCE CENTER CORP.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are so	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
MANUEL JONES	
	(Name of Contact Person)
JOJ ENTERPRISES, LLC	
	(Firm/ Company)
530 49TH ST SOUTH STE 203	
	(Address)
ST PETERSBURG, FL 33707	
	(City/ State and Zip Code)
MJONES@JOJENTERPRISES.COM	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, pleas	se call:
MANUEL JONES	954 601-5945
(Name of Contact Perso	
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	& \(\sumsymbol{\subset}\sumsymbol{\subset}\sumsymbol{\subset}\sumsymbol{\subset}\sumsymbol{\subset}\sumsymbol{\subset}\sumsymbol{\subset}\sumsymbol{\subset}\sumsymbol{\subset}\supset \supset \subseteq \subseteq \supseteq \subseteq \subseteq \subseteq \supseteq \subseteq \sub

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

Articles of Amendment to Articles of Incorporation of

VETERANS & COMMUNITY RESOURCE CENTER CORP.

(Name of Corporation	as currently filed with the	Florida Dept. of Stat	e)	
N01000008161				
(Docum	ent Number of Corporation ((if known)		
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:		t For Profit Corporat	<i>ion</i> adopts the following	
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		rated" or the abbrevia	The new ution "Corp." or "Inc."	
B. Enter new principal office address, if applicat	530 49TH STRE	ET SOUTH		
(Principal office address MUST BE A STREET AL	DDRESS) ST PETERSBUR	RG, FL 33707		
			25 日	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	530 49TH STRE	ET SOUTH	100 m	
	ST PETERSBUR	RG, FL 33707	20	
			10 Pa	
D. If amending the registered agent and/or registered agent and/or the new registered		ida, enter the name o	of the	
Name of New Registered Agent:	JOJ ENTERPRISES, LLC			
	530 49TH STREET SOUTH STE 203			
New Registered Office Address:		(Florida street address)		
	ST PETERSBURG		orida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		cept the obligations of	f the position.	
	n On	a,		
_	Signature of New Re	egistered Agent, if cha	inging	

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:

 $P = President, \ V = \ Vice \ President; \ T = \ Treasurer; \ S = \ Secretary; \ D = \ Director; \ TR = \ Trustee; \ C = \ Chairman \ or \ Clerk; \ CEO = \ Chief \ Executive \ Officer; \ CFO = \ Chief \ Financial \ Officer. \ If \ an \ officer/director \ holds \ more \ than \ one \ title, \ list \ the \ first \ letter \ of \ each \ officer \ held. \ President. \ Treasurer, \ Director \ would \ be \ PTD.$

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	ED	KEVIN BROWN	6660 BISCAYNE BLVD
Add			STE 201
X Remove			MIAMI, FL 333138
2) Change	D	OREN WINDROSS	6445 NE 7TH AVE
Add			STE 201
X Remove			MIAMI, FL 33138
3) Change	D	RANDOLPH MOBLEY	6445 NE 7TH AVE
Add			STE 201
X Remove			MIAMI, FL 33138
4) Change	P	DARIEN BELL	2140 9th Ave North
Add			ST PETERSBURG, FL 33713
X Remove			
5) Change	ED	KENYA WOODARD	530 49TH ST SOUTH
X Add			ST PETERSBURG, FL 33707
Remove			
6) Change	P	Manuel Jones	530 49th St South
X Add			ST PETERSBURG, FL 33707
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)				
					-
			_		<u> </u>
	_				
· · · · · · · · · · · · · · · · · · ·	_				
			-		-
					
					
	_				
	·				 , , ,
	-				
				_	
		-			
	_				

The date of each amendment(s	12/01/16	
date this document was signed.) adoption	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will r Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wer was/were sufficient for app	re adopted by the members and the number of votes east for the amendment(s) roval.	
☐ There are no members or madopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated	017	
Signature	M. Jans	
have no	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)	
MAN	NUEL JONES	
	(Typed or printed name of person signing)	
PRE:	SIDENT	
	(Title of person signing)	