018181

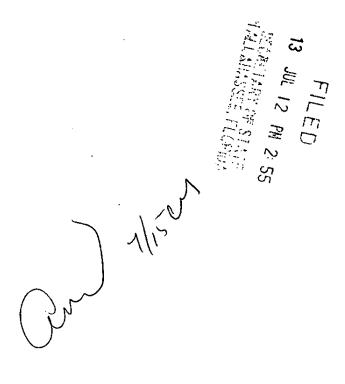
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	.
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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07/12/13--01013--006 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Bank of Jac	ckson County	
DOCUMENT NUMBER: 0			
The enclosed Articles of America		bmitted for filing.	
Please return all correspondence	ce concerning this ma	tter to the following:	
Kath	y Leibold		
		Name of Contact Person	1
Bank	k of Jackson	County	
		Firm/ Company	
5381	Cliff St, P	O Drawer 677	
	**** * 	Address	
Grad	eville, FI 32	440	
, 		City/ State and Zip Code	2
kathy@r	mybjc.net		
	• •	sed for future annual report	notification)
For further information concern	ning this matter, pleas		
Kathy Leibold		at (850	, 263-3225
Name of Contact	ct Person		de & Daytime Telephone Number
Enclosed is a check for the following	owing amount made	payable to the Florida Depa	artment of State:
-	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 Add Amendment Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	currently filed with the Florida	Dent of State)	
018181	currently med with the riorida	Dept. 01 State)	
	at Number of Corporation (if know	/n)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florid</i>	a Profit Corporation adopts the following amendment(s) to	o
A. If amending name, enter the new na	me of the corporation:		
		The new	
	ation "Corp," "Inc," or "Co". tion," or the abbreviation "P.A." if applicable: TREET ADDRESS) cable: OFFICE BOX) d/or registered office address in	company," or "incorporated" or the abbreviation A professional corporation name must contain the	
·	Kathy Leibold		
Name of New Registered Agent			
	5381 Cliff St	hann)	
New Registered Office Address:	Graceville,	, Florida 32440	
	(City)	(Zip Code)	
New Registered Agent's Signature, if classification in the second			

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	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	•
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	D	Thomas W. Wilder `	516 Lori Lane
Add		,	Alford, FI 32420
Remove			
2) Change	PCEO	Kathy Leibold	P O Box 940
X			Marianna, Fl 32447
Remove			 _
3) Change	D	James Brannon	1128 BJ Mixon Rd
X_{Add}			Cottonwood, Al 36320
Remove			·
4) X Change	CD	Lee W. Miller	P O Box 101
Add			Graceville, Fl 32440
Remove			
5) Change		· 	
Add			- · · ·
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	,
	•
	
-	
•	
an amandment anovides for an aval	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	A CONTROL OF THE STATE OF THE S
	,

The date of each amendment(s)	adoption: 6/30/2013
Effective date if applicable: 6	/30/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 6/30/2	2013
Signature	Stay Ferbold
	director, president or other officer – if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Kathy Leibold
	(Typed or printed name of person signing)
	President/CEO
	(Title of person signing)