7	05564
(Requestor's Name) (Address) (Address)	800305427268
(City/State/Zip/Phone #)	11/13/1701021011 *+43.75
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	MOV 13 AH NOV
Special Instructions to Filing Officer:	2

Office Use Only

-

· ·

	COVER LETTER
TO: Amendment Section Division of Corporations	COVER LETTER le, Inc.
NAME OF CORPORATION: Pine Castl	ie, Inc.
DOCUMENT NUMBER: 708864	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Michael P. Seeraj	
	(Name of Contact Person)
Pine Castle, Inc.	
· · ·	(Firm/ Company)
4911 Spring Park Road	
	(Address)
Jacksonville, FL 32207	
	(City/ State and Zip Code)
mseeraj@pinecastle.org	
E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, plea	ase call:
Michael P. Seeraj	at 904 - 733-2650 Ext 235
(Name of Contact Per	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
□ \$35 Filing Fee S\$43.75 Filing Fee Certificate of State	 & □\$43.75 Filing Fee & □\$52.50 Filing Fee us Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Incorporation PINE (AST/E, INC. (Name of Corporation as currently filed with the Florida Dept. of State) DSSG4 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the followin, amendment(s) to its Articles of Incorporation: N/A If amending name, enter the new name of the corporation" or "incorporated" or the abbreviation "Corp." or "Inc." (Company" or, "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address MAY BE A POST OFFICE BOX) N/A	· · ·	Articles of Amendment	Call State
Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the followin amendment(s) to its Articles of Incorporation: A. <u>If amending name, enter the new name of the corporation:</u> N/A		to Articles of Incorporation	n E
Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the followin amendment(s) to its Articles of Incorporation: A. <u>If amending name, enter the new name of the corporation:</u> N/A	Pin	- · ·	, INC.
Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the followin amendment(s) to its Articles of Incorporation: A. <u>If amending name, enter the new name of the corporation:</u> N/A	(Name of Corporation a	s currently filed with the	Florida Dept. of State)
Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the followin amendment(s) to its Articles of Incorporation: A. <u>If amending name, enter the new name of the corporation:</u> N/A		108864	
amendment(s) to its Articles of Incorporation:	(Docume	nt Number of Corporation	(if known)
N/A	Pursuant to the provisions of section 617.1006. Florid amendment(s) to its Articles of Incorporation:	la Statutes, this <i>Florida No</i>	ot For Profit Corporation adopts the followin
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "lnc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) N/A 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: <u>Name of New Registered Agent</u> : N/A (Florida street address) N/A	A. If amending name, enter the new name of the c	orporation:	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) N/A 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: N/A (Florida street address)	N/A		The new
(Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A 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: N/A (Florida street address)		"corporation" or "incorpo	rated" or the abbreviation "Corp." or "Inc."
(Mailing address MAY BE A POST OFFICE BOX) N/A 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: N/A (Florida street address) New Registered Office Address:			
new registered agent and/or the new registered office address: Name of New Registered Agent: N/A (Florida street address) New Registered Office Address:		<u>2X</u>) <u>N/A</u>	
<u>New Registered Office Address;</u>	new registered agent and/or the new registered	l office address:	ida, enter the name of the
	-		(Florida street address)
<u>N/A</u> . Florida (City) (Zip Code)	<u>New Registered Office Address</u> :		
(City) (Zip Code)	_	N/A	Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	I hereby accept the appointment as registered agent.	I am familiar with and acc	cept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

Page 1 of 4

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	\underline{V} <u>Mik</u>	<u>i Doe</u> e Jones v Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change	CEO	Jonathan W May	4911 Spring Park Road
Add			Jacksonville, FL 32207
<u>X</u> Remove			
2) Change	CEO	Lori Ann Whittington	4911 Spring Park Road
<u> X </u>			Jacksonville, FL 32207
Remove			
3) Change			
Add Remove			
			······
4) Change			
Add			
Remove			
57 Change			
Add			
Remove			
6) Change			
Add			
Remove		Page 2 of 4	

E.	If amending or adding additional Ar	ticles, enter change(s) here
	(attach additional sheets, if necessary),	(Be specific)

٠

_____ ____ _____ _____ _____ _____ _____

Page 3 of 4

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	

Effective date if applicable:

(no more than 90 days after amendment file date)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated _	11/06/2017
	100
<u>c'</u>	
Signature _	

(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)

Michael P. Seeraj

(Typed or printed name of person signing)

Chief Financial Officer

(Title of person signing)

5