## 728831

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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

	COVER LETT	<u>ER</u>	
TO: Amendment Section Division of Corporations			The state of the s
	nty Council on Aging		5
728831 DOCUMENT NUMBER:			· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee	are submitted for filing.		•
Please return all correspondence concerning t	his matter to the following:		
Janice Ancrum			
	(Name of Contact I	Person)	
Nassau County Council on Aging			
	(Firm/ Compa	ny)	-
1901 Island Walk Way			
	(Address)		
Fernandina Beach, FL 32034			
	(City/ State and Zip	Code)	
jancrum@nassaucountycoa.org			
E-mail address: (to	be used for future annual re	eport notification	
For further information concerning this matter	r, please call:		
Monika Stamey		904 it	261-0701
(Name of Contac		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida	Department of S	State:
S35 Filing Fee	g Fee & S43.75 Filing Fe I Status Certified Copy (Additional copy enclosed)	Certifi is Certifi	D Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address  Amendment Section		treet Address mendment Secti	on
Division of Corporations		ivision of Corpo	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	Articles of Amendment	
	to	Çe.
	Articles of Incorporation of	
Nassau County Council on Aging		
	- an annual official with the Pi	unida Dant of State)
	n as currently filed with the Fl	orida Dept. of State)
728831		
(Document)	ment Number of Corporation (if	known)
ursuant to the provisions of section 617.1006. Flomendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
. If amending name, enter the new name of th	e corporation:	
		701
ame must be distinguishable and contain the wor	d "corporation" or "incorporat	The new
Company" or "Co." may not be used in the nam		
Paramona mineral office of the control of the contr	. E. l	
<ol> <li>Enter new principal office address, if applications of the principal office address MUST BE A STREET A STREET ASTREET AST</li></ol>		
rincipal office dualiess (NOST DESTONADEL)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
	<del>- •</del> •	
). If amending the registered agent and/or regi	istered office address in Florid	a. enter the name of the
new registered agent and/or the new register		
Maria CM or Bright and Corner		
Name of New Registered Agent:	100171 11171 1117	
	1901 Island Walk Way	
New Registered Office Address		(Florida street address)
sen negatorea Office Address	Fernandina Beach	22024
		, Florida 32034 (Zip Code)
	(City)	(Zip Code)
iew Registered Agent's Signature, if changing	Registered Agent	
hereby accept the appointment as registered ages	nt. I am familiar with and acce	pt the obligations of the position.
-	Signature of New Roa	istered Agent, if changing
		and the second s

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	$\underline{V}$ $\underline{Mik}$	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CFO	Paula Slayton	2108 Ciera Lane
Add			Fernandina Beach, FL 32034
X Remove			
2) Change	CFO	Monika Stamey	2158 Whitfield Drive
XAdd			Fernandina Beach, FL 32034
Remove		0.1.6.1	200
3 ) Change	<u>S</u>	Bob Bolan	89 Sea Marsh
Add			Amelia Island, FL 32034
X Remove			
4) X Change	VC	Geoff Clear	5 Juniper Ct.
Add			Amelia Island, FL 32034
Remove			
5) X Change	C	Barbara Gingher	92012 Secret Cove Ct.
Add			Fernandina Beach, FL 32034
Remove			
6) Change	VP	Dan Borghe	401 South Seventh Street
Add			Fernandina Beach, FL 32034
X Remove			

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>Mik</u>	n Doe te Jones ty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	СЕОР	Janice Ancrum	2339 Bonnie Oaks Drive
Add			Fernandina Beach, FL 32034
X Remove			
2) Change	<u>r                                    </u>	Bill Gingrich	719 Ocean Club Place
X Add			Fernandina Beach, FL 32034
Remove			
3) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5} Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If amending or adding a</u> (attach additional sheets,	if necessary). (l	Be specific)	<u> </u>		
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	date of each amendment(s) ade this document was signed.	option:	, if other than the
Effe	ective date <u>if applicable</u> :		<del></del>
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Ado	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s).	
	There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
	Dated	<u> </u>	
	Signature	Etnie Unem_	
	have not beg	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
		Janice Ancrum	
		(Typed or printed name of person signing)	
		Tresident/CEO (Title of person signing)	
	-	(Title of person signing)	