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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Youth In Action, INC.
DOCUMENT NUMBER: NO000001420
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sherlene McClary (Name of Contact Person)
(Name of Contact Person)
Youth In Action
(Firm/ Company)
2506 E 5. St
Panama City 71. 32401 (gity/ State and Zip Code)
(Otty/ State and Zip Code)
Profession Classes Bellsouth Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sherlene Mcclary (Name of Contact Person) at 850-7843624 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
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Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

$\mathcal{F}_{I_{I}}$
Articles of Amendment to
Articles of Incorporation
Articles of Amendment to Articles of Incorporation Articles of Incorporation On Horizontal State (Name of Corporation as currently filed with the Florida Dept. of State).
1047h In Hotion, INC. 4:13
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(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendments) to its Articles of Incorporation:
A. If anyending name, enter the new name of the corporation:
The new
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: 2506 E. 5 ST
(Principal office address MUST BE A STREET ADDRESS) Panama City II.
32401
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 25/5 E 5. St
Panama Pita FI.
Fallarice (uc 71.
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: Sherlene N/CC/GRY
1307 S. Inverness Rd.
(Florida street address)
New Registered Office Address:
(City), Florida 32444 (City) (Zip Code)
(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 accept the obligations of the position.
1 1 1-1 . A
Sterline McClaul
Signature of New Registered Agent, if charging

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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	PT	Sherlene Mcclay	Inversess 1307 S. Inverses Rd. Lynn Havin F1. 32444
2) <u>Y</u> Change Add		Shawn fell World	3474 Sherry Ridge Rd. Legan Haven
Remove 3)	<u>3V</u>	Aletemus R McClay	5017 WAKULLA Springs Re Jacksonville Fl.
Remove 4) Change Add	T	James L Mcclary	32258-5148 1307 S. Inverness Rd Lynn Haven Fl.
Remove 5) Change Add Remove	<u>M</u>	Anthony J Mcchy	205 Mercedes Ave, pinana City H.
6) Change Add Remove			
10000			

f amending or adding a ttach additional sheets, i	, ,					
						
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: November 20, 2015	-
(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast fo was/were sufficient for approval.	r the amendment(s)
☐ There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	nent(s) was/were
Dated Mnumber 20 2015	
Signature Sherline McClary	
(By the chairman or vice chairman of the board, president of the chairman of the board, president of the have not been selected, by an incorporator — if in the hands of a recother court appointed fiduciary by that fiduciary)	
Sherlene Mcclary	
(Typed or printed name of person signif	ıg)
President	
(Title of person signing)	