

NO1000000195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

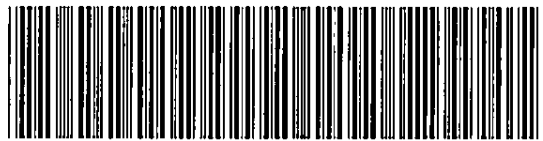
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2024

SPECIAL K HOLDINGS, LLC
KRISTI K. HAWLEY
13521 SW 6TH ROAD
JONESTOWN, FL 32669

SUBJECT: JONESTOWN BUSINESS CENTRE ASSOCIATION, INC.
Ref. Number: W24000022114

We have received your document for JONESTOWN BUSINESS CENTRE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot change Officer/Directors on the Registered Agent Change form,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 324A00002887

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JONESVILLE BUSINESS CENTRE ASSOCIATION, INC.

DOCUMENT NUMBER: N01000000195

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTI HAWLEY

(Name of Contact Person)

(Firm/ Company)

13521 SW 6 ROAD,

(Address)

JONESVILLE, FLORIDA 32069

(City/ State and Zip Code)

KRISTI@HAWLEYRE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTI HAWLEY

(Name of Contact Person)

at

(352) 494-7738

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

JONESVILLE BUSINESS CENTRE ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

NO1000000195

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending 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:
(Principal office address MUST BE A STREET ADDRESS)

13521 SW 6 ROAD

JONESVILLE, FL 32669

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

13521 SW 6 ROAD

JONESVILLE, FL 32669

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:

KRISTI HAWLEY

13521 SW 6 ROAD

(Florida street address)

New Registered Office Address:

JONESVILLE

(City)

Florida 32669

(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.

Kristi Hawley
Signature of New Registered Agent, if changing

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,

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|-------------------|----------------|--|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | AGENT | DAVIS REMBERT | 13126 NW 174 AVENUE
ALACHUA, FL 32615 |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | DPT | DONALD PADGETT | 447 ATLANTIC BLVD.
ATLANTIC BEACH, FL 32233 |
| 3) <input checked="" type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | P.D.T.
Manager | KRISTI HAWLEY | 13521 SW 6 ROAD
JONESVILLE, FL 32669 |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | AGENT
MANAGER | JOSE A RIVERO | 13521 SW 6 ROAD
JONESVILLE, FL 32669 |
| 5) <input checked="" type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | AGENT
MANAGER | SANDY BURGESS | 15010 NW 173 STREET
ALACHUA, FL 32615 |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | | | |

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary) (Be specific)

☒ 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 February 24, 2024

Signature Kristi Hawkey
(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)

KRISTI HAWKEY
(Typed or printed name of person signing)

Manager / Director
(Title of person signing)

WALLACE, T. J.

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