## N01000007219

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Charles Sear

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Clay County Senior Adult Advocacy Council, Inc				
DOCUMENT NUMI	BER: N01000007219			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
		A. Benson		
	(Name of	Contact Person)		
	(Firm	n/ Company)		
	6419 Jack	Wright Island Rd.		
	(,	Address)		
\$44000 According to the Contract of the Contra	<del>_</del>	stine, FI 32092 tte and Zip Code)		
	, •	• •		
		@bellsouth.net d for future annual report notific	ation)	
For further informatio	n concerning this matter, pleas	e call:		
Allen A. Benson		at ( 904 ) 868-431		
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)	
Enclosed is a check for	r the following amount made p	payable to the Florida Departmen	t of State:	
□\$35 Filing Fee	☑ \$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)	
Amen Dívisi P.O. B	ng Address dment Section on of Corporations tox 6327 assee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center	ons	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	dult Advocacy Council, In	
	ntly filed with the Florida Dept. of	State)
	00007219 ber of Corporation (if known)	<del></del>
Pursuant to the provisions of section 617.1006, Fi the following amendment(s) to its Articles of Inc	Torida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts
A. If amending name, enter the new name of	the corporation;	
The new name must be distinguishable and con abbreviation "Corp." or "Inc." "Company" or		
B. Enter new principal office address, if appli		<del></del>
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)	
		DEC 2
		23 FI
C. Enter new mailing address, if applicable:	E DAV	E A E
(Mailing address <u>MAY BE A POST OFFIC</u>	E BOA	9: 23 LATE LORIDA
D. If amending the registered agent and/or re	gistered office address in Florida,	enter the name of the
new registered agent and/or the new regist	ereu oince aguress;	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	Plant de
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.		cept the obligations of the

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)

<u>Title</u>	Name	Address	Type of Action
<del></del>			☐ Add ☐ Remove
			Add Remove
			☐ Add ☐ Remove
(attach addit	or adding additional Articles, enter chional sheets, if necessary). (Be specific pose Enhance the quality of the formal through advocacy, information of the pose through advocacy, information of the pose through advocacy, information of the post	) ife for all older persons, the	<del></del>
This organiz	ation is exclusively for charitable a	nd educational purposes an	d for distributions
to organization	ons that qualify as exempt organiza	ations under section 501(c)(	3) of the Internal
Revenue Se	rvice Code. This includes organiza	tions such as the Clay Cou	nty Council on
Aging.			
Article VIII D	ssolution Upon the dissolution of	the organization, assets sha	all be distributed
to the Clay C	ounty Council on Aging, or for othe	er exempt purpose within the	e meaning of
section 5 <u>01(</u>	c)(3) of the Internal Revenue Servi	æ Code.	
·—			
- <del></del>			
,— <del>,</del>			
	•		
			<del></del>

The date of each amendment	t(s) adoption: December 11, 2009
Effective date <u>if applicable</u> :	(date of adoption is required) December 21, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	are adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated Dec	ember 21, 2009
Signature	all a fer
(By	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Allen A. Benson
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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