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ZOIONOV 29 PM 2: 2: SECKETARY OF SIATO TALLAJASSEF, FI

COVER LETTER

 TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	ne Jacksonville, Inc.		
N02000000501 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Jennifer Ryan			
	(Name of Contact Pe	rson)	
Volunteers in Medicine Jacksonville, Inc.			
	(Firm/ Company)	
41 E. Duval St.			
	(Address)		
Jacksonville, FL 32202			
	(City/ State and Zip (Code)	
jryan@vim-jax.org			
E-mail address: (to be used	for future annual rep	ort notification	
For further information concerning this matter, please	call:		
Jennifer Ryan	at	904	399-2766 ext. 123
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida [Department of S	State:
\$35 Filing Fee \$\B\$43.75 Filing Fee & Certificate of Status		Certifi Certifi	O Filing Fee seate of Status sed Copy stional Copy is sed)
Mailing Address Amendment Section		eet Address iendment Secti	on.
Amenament Section Division of Corporations		ienament Secti ision of Corpo	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation M29 PM 2: 27

Volunteers in Medicine Jacksonville, Inc.	***	SECRETARY	Y OF CTATE
(Name of Corporation	as currently filed wi	th the Florida De	ept. of State)
N02000000501			
(Docun	ent Number of Corpo	oration (if known)	
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Floi</i>	ida Not For Profi	it Corporation adopts the following
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ncorporated" or th	he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
D. If amending the registered agent and/or registered agent and/or the new register		<u>in Florida, enter</u>	the name of the
Name of New Registered Agent:	Jennifer Ryan		
	27 Victory Ct.		
New Registered Office Address:		(Florida st	reet address)
	Jacksonville Beach		, Florida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Is I hereby accept the appointment as registered agen	u. I am familiar with	and accept the ob	ayan.

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	CEO	Mary Pat Corrigan	41 E. Duval St.
Add			Jacksonville, FL 32202
X Remove			
2) Change	CEO	Jennifer Ryan	41 E. Duval St.
XAdd			Jacksonville, FL 32202
Remove			
3) Change	<u>T</u>	Jacqueline Rudloff	3515 North Rise Dr.
Add			Jacksonville, FL 32223
X Remove			
4) Change	<u>T</u>	Danielle Boyett	817 Hampton Crossing Way
X Add			St. Augustine, FL 32092
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

	if necessary). (B	e specific)				
						
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	cate of their antenantom (6) and produce	other than the
date	this document was signed.	
Eff	ctive date if applicable:	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisument's effective date on the Department of State's records.	ited as the
Ad	ption 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 Nov. 26, 2011	
	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 Boylan	
	(Typed or printed name of person signing)	
	Chairman	
	(Title of person signing)	