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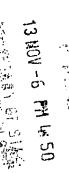


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COVER LETTER

TO: Amendment Section

Division of Corporations North Central Florida Job Readiness and Placement Service, Inc. NAME OF CORPORATION: NO300007491 (?) The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robin Collison (Name of Contact Person) North Central Florida Job Readiness and Placement Service, Inc. (Firm/ Company) 9775 S.W. 40th Terrace (Address) Ocala, FL 34476-4049 (City/ State and Zip Code) RCollison22@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robin Collison (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

North Central Florida Job			ervice, Inc.	
(Name of Corporation as currently NO3000007491	tiled with the Flo	rida Dept. of State)		
	ment Number of Co	rporation (if known)		
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation			Corporation adopts the fo	llowing
A. If amending name, enter the new name	ne of the corporati	on:	, , ,	
North Central Florida Life	Enrichment	and Job Readines	s Service, Inc. $_{ au}$	ho now
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporat			
B. Enter new principal office address, if	annlicable:	N/A	:	
(Principal office address MUST BE A ST			all he	مــ نن
			· · · · · · · · · · · · · · · · · · ·	5
				1 2
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A	627	3
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D. If amending the registered agent and new registered agent and/or the new			e name of the	
Name of New Registered Agent:	N/A	uu (35)		
New Registered Office Address:		(Florida street address)		
	N/A	F	lorida	
(City)		,	(Zip Code)	
New Registered Agent's Signature, if ch. I hereby accept the appointment as register			gations of the position.	
	Signature of New	Registered Agent, if changing		

Page 1 of 4

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>	Name		<u>Addres</u> s
1) Change		<u>N/A</u>		
Add				
Remove				
2) Change		N/A		
Add				
Remove				
3) Change		N/A		
Add				
Remove				
4) Change		N/A		
Add				
Remove				
5) Change		<u>N/A</u>		
Add				
Remove				_
6) Change		N/A		
Add				
Remove				

E. If amending or adding additional Art	icles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
N/A	
	
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	date of each amendment	· · · · · · · · · · · · · · · · · · ·	, if other than the
	ate this document was signed. Frective date if applicable: January 1, 2014		
		(no more than 90 days after amendment file date)	
Ada	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	rere adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated NO	vember 2, 2013	
	have t	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	_
	Nancy	Storch	
		(Typed or printed name of person signing)	
	Vice-P	resident	
		(Title of person signing)	