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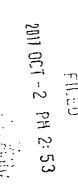
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C. GOLDEN 0CT - 4 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	n Association Inc
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
Wilburn Shingles	
	Name of Contact Person)
Crestview Area Youth Association Inc	
	(Firm/ Company)
PO Box 1550	
	(Address)
Crestview, FL 32539	
(City/ State and Zip Code)
CAYAINFORMATION@GMAIL.COM	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	rall:
Wilburn Shingles	850 529-3597
(Name of Contact Person)	
Enclosed is a check for the following amount made pay	rable to the Florida Department of State:
\$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 Clifton Building 2661 Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation

FILLED

2017 OCT -2 PK 2:53 of CRESTVIEW AREA YOUTH ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N04000002621 (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: , Florida (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.

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)

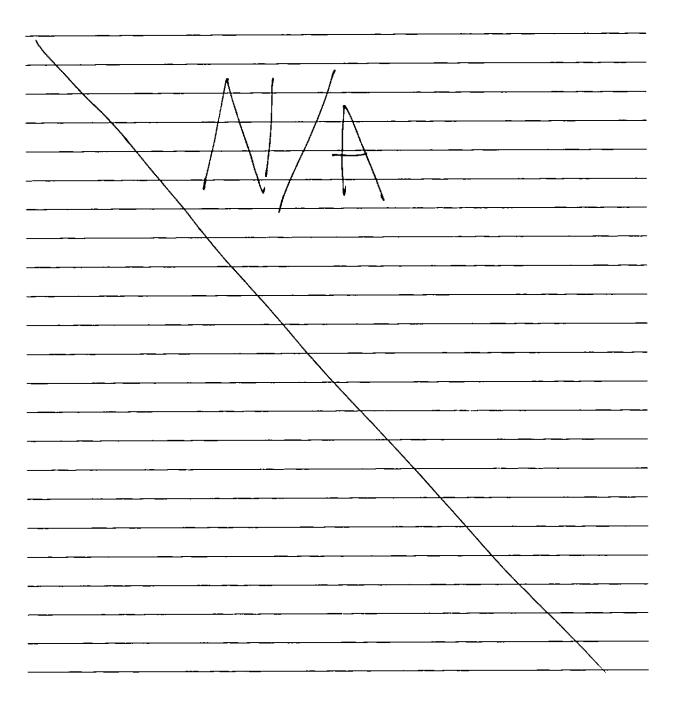
Please note the officer/director title by the first letter of the office title:

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 <math>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 Do V Mike Jo SV Sally Sr	nes enes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	TERRY JACKSON	
Add			
X Remove			
2) X Change	p	WILBURN SHINGLES JR	
Add			
Remove			
3) Change	<u>v</u>	MICHAEL D. MICHEL	
X Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kellove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)



	mber 15, 2017	, if other than the
The date of each amendment(s) adoption: date this document was signed.		If other than the
Effective data if applicable		
Effective date <u>if applicable</u> :	e than 90 days after amendment file date)	
Note: If the date inserted in this block does not me document's effective date on the Department of Sta	et the applicable statutory filing requirements, this date will no te's records.	t be listed as the
Adoption of Amendment(s) (CHEC	(K ONE)	
The amendment(s) was/were adopted by the m was/were sufficient for approval.	nembers and the number of votes cast for the amendment(s)	
There are no members or members entitled to adopted by the board of directors.	vote on the amendment(s). The amendment(s) was/were	
Dated 15 Scp 1		
Signature Wulf		
	airman of the board, president or other officer-if directors an incorporator – if in the hands of a receiver, trustee, or ciary by that fiduciary)	
Wilburn	(Typed or printed name of person signing)	
Tresident	-	
	(Title of person signing)	