## ND4000002921

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## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** Northeast Florida Council on Alcoholism and Drug Abuse, Inc. NAME OF CORPORATION: N04000002921 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Walter Strickland (Name of Contact Person) Northeast Florida Council on Alcoholism and Drug Abuse, Inc. (Firm/ Company) P.O. Box 57787 (Address) Jacksonville, FI 32241 (City/ State and Zip Code) nefcada@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Walter Strickland (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 Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

Northeast Florida Council on Alcoholism and Drug Abuse, Inc.

(Name of Corporation as currently	v filed with the Flo	rida Dept. of State)	2330	9
N04000002921			TALLERETED	9 PM 12: L
(Document	Number of Corpora	ation (if known)	AHASS.	E EN TATE
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati		s, this <i>Florida Not For Pr</i>	cofit Corporation adopts	the following
A. If amending name, enter the new nar	ne of the corporati	on:		
N/A			•	The new
name must be distinguishable and contain "Company" or "Co." may not be used in		ion" or "incorporated" o	r the abbreviation "Corp	o." or " Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		650 Edgewood Ave West		
		Jacksonville, F	l 32208	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 57787		
		Jacksonville, FI 32241		
D. If amending the registered agent and new registered agent and/or the new	registered office a	ddress:	er the name of the	
Name of New Registered Agent:	ent: Walter Strickland			
	650 Edgewood Ave West			
New Registered Office Address:	(	(Florida street address)	<del></del>	
	Jacksonville	€	_, Florida 32208	
	(City)		(Zip Code)	
New Registered Agent's Signature, if chall hereby accept the appointment as register Sign	red agent. I am fan Walth L		obligations of the positio	9n.

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 <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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones	/ D	
_X Add	<u>sv</u>	Sally Smith	N/A	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add Remove	<u></u>		 	
2) Change Add Remove			 	
3 ) Change Add Remove			 	
4) Change Add Remove			 <del></del>	
5) Change Add Remove	<del></del>		 <del></del>	
6) Change Add Remove			 	

	(attach additional sheets, if necessary). (Be specific)			
(1)	Amendment to Article III: The Northeast Florida Council on Alcoholism and Drug Abuse , Inc.			
	is organized exclusively for charitable and educational purposes under Section 501(c)(3) of the			
	Internal Revenue Code, or corresponding section of any future federal tax code.			
(2)	Additional Article: Article IX: Dissolution: Upon the dissolution of this organization,			
	assets shall be distributed for one or more exempt purposes, within the meaning			
	of section 501(c)(3) of the Internal Revenue Code, or corresponding section of			
	any future federal tax code or shall be distributed to the federal government,			
	or to a state or local government for a public purpose. Any such assets not so			
	disposed shall be disposed by a Court of Competent Jurisdiction of the county			
	in which the principal office of the corporation is then located, exclusively			
	for such purposes or to such organization or organizations, as said Court shall			
	determine, which are organized for such purposes.			
	$\cdot$			

The date of each amendment	(s) adoption: December 6, 2011			
Effective date if applicable:	December 6, 2011			
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.			
There are no members or adopted by the board of c	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.			
Dated	12/23/1/			
Signature	Walter Strickland			
(By the have n	chairman or vice chairman of the board, president or other officer-if directors ot been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)			
Walter	Strickland			
	(Typed or printed name of person signing)			
Treasu	rer			
<del> </del>	(Title of person signing)			