140400003956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

NC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NFL Retired Players Association, Jacksonville Chapter, Inc

DOCUMENT NUMBER: N04000003956

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clara Painter
(Name of Contact Person)

N. Florida Retired Players Assoc.
(Firm/ Company)

7840 Fawn Oaks Ct.
(Address)

Jacksonville, FL 32256
(City/ State and Zip Code)

CWP0347@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Philcox at (904) 403-8575
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

Reinstated

August 28, 2009

CLARA PAINTER
N. FLORIDA RETIRED PLAYERS ASSOC.
7840 FAWN OAKS COURT
JACKSONVILLE, FL 32256

SUBJECT: NFL RETIRED PLAYERS ASSOCIATION, JACKSONVILLE CHAPTER, INC.
Ref. Number: N04000003956

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2005 annual report. The entity must be reinstated before this document can be filed.

The total amount due to reinstate is $1200.00.

The fees to reinstate the corporation are as follows: $600 reinstatement fee, $150.00 filing fee per year for the years 2005 through the current year.

Therefore, the total fee to file the reinstatement is $1200.00. Add an additional $8.75 for each certificate of status requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 909A00029059

FILED
2009 OCT -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

NFL Retired Players Association, Jacksonville Chapter, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N04 00000 3956

(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:

North Florida Retired Players Association, Jacksonville Chapter, Inc.

*The new 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)

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TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____
(Florida street 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)

Title	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

The date of each amendment(s) adoption: 8/1/09
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption 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 8/13/09

Signature Todd Philcox
(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)

Todd Philcox
(Typed or printed name of person signing)

President
(Title of person signing)