N06000008938

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SECULIFIED OF CORPORATIONS
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	ACE Mentor Program N:	of Northeast Florida	a, Inc.		
	N0600008938				
DOCUMENT NUMBER: _					
The enclosed Articles of Ame	ndment and fee are submi	itted for filing.			
Please return all corresponder	ice concerning this matter	to the following:			
Arnold D. Tritt, Jr.					
	(Name of Contact Pe	rson)	<u></u>	
Tritt & Associates, P.A.					
		(Firm/ Company)		
707 Peninsular Place					
		(Address)			
Jacksonville, FL 32204					
	(City/ State and Zip (Code)		
arnold.tritt@atritt.com					
E	mail address: (to be used	for future annual rep	ort notification)	
For further information conce	rning this matter, please c	all:			
Amold D. Tritt, Jr.		at	904	354-5200	
	Name of Contact Person)		(Area Code)	(Daytime Telephone Nur	mber)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida I	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	D Filing Fee cate of Status ied Copy tional Copy is sed)	

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Taltahassee, 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 of

ACE Mentor Program of Northeast Florida, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N0600008938 (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: N/A 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. 707 Peninsular Place, Suite 100 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL 32204 C. Enter new mailing address, if applicable: 707 Peninsular Place, Suite 100 (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 3220 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: N/A 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 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 I Y Mike SV Sally	Dos Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
i) Change	· · · · · · · · · · · · · · · · · · ·	N/A	
Add			
Remove			
2) Change			
Add			-
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		•	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
N/A				
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	, ,	N/A	
Th	e date of each amendmen	s) adoption:	if other than the
date	e this document was signed	•	
	•	N/A	
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file a	late)
<u>No</u> doc	te: If the date inserted in the tument's effective date on the	is block does not meet the applicable statutory filing require Department of State's records.	irements, this date will not be listed as the
Ad	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/was/were sufficient for a	ere adopted by the members and the number of votes cast proval.	for the amendment(s)
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amerirectors.	ndment(s) was/were
	Dated	14/16	
	Signature	de la faction de la constant de la c	
	(By the	chairman or vice chairman of the board, president or other	er officer-if directors
		ot been selected, by an incorporator — if in the hands of a ourt appointed fiduciary by that fiduciary)	receiver, trustee, or
	. 	Brooke A. Robbin	
		(Typed or printed name of person sig	ning)
		No adame	
		V(c - chairman	
		(Title of person signing)	