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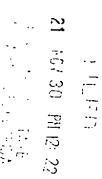
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T. LEMIEUX

## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	OR PROGRAM OF I	NORTHEAS ————	T FLORI	DA, INC.
N0600008938 DOCUMENT NUMBER:		<del>-</del> .		<u>-</u>
The enclosed Articles of Amendment and fee a	are submitted for filir	ıg.		
Please return all correspondence concerning th	is matter to the follow	wing:		
Arnold D. Tritt, JR.				
	(Name of Co	ntact Person	)	
Tritt & Associates, P.A.				
	(Firm/ C	ompany)		
707 Peninsular Place				
	(Add	lress)		
Jacksonville, FL 32204				
	(City/ State a	nd Zip Code	)	
arnold.tritt@atritt.com	_			
E-mail address: (to	be used for future an	nual report n	otificatio	n)
For further information concerning this matter.	please call:			
Arnold D. Tritt, Jr.		904 at		354-5200
(Name of Contact	Person)	(Arc	a Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount i	nade payable to the l	Florida Depa	rtment of	State:
■ \$35 Filing Fee □\$43.75 Filing I Certificate of \$		Copy	Certif Certif	icate of Status ied Copy tional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amendi Divisio	Address ment Sect n of Corpo entre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ACE MENTOR PROGRAM OF NORTHEAST FLORIDA, INC.

(Name of Corporation as currently filed with the	Florida l	Dept. of State)		_		
N06000008938						
(Docum	ent Numb	er of Corporat	ion (if known)			
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statute	es, this <i>Florida</i>	a Not For Profit Corpo	ration adopts	the foll	owing
A. If amending name, enter the new name of the	corporat	ion:				
N/A					Th	e new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corpora	tion" or "inco	rporated" or the abbre	viation "Corp	. " or "	Inc."
B. Enter new principal office address, if applicat		N/A				
(Principal office address <u>MUST BE A STREET AI</u>	<u>DDRESS</u>	)		<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X</u> )	N/A				
				<del></del>	21	
D. If amending the registered agent and/or regis			Florida, enter the nan	ne of the	+	
new registered agent and/or the new registered	N/A	<u>aaress:</u>		:	=	-
Name of New Registered Agent:					$\frac{\omega}{\omega}$	<del></del>
				· ` .	<u>-p</u>	
New Registered Office Address:			(Florida street addre:	⊕ . Florida	1 12: 22	
		(City)		(Zip Code)		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered : I am fa	Agent: miliar with an	d accept the obligation:	s of the positio	m.	
_	Si	ignature of Ne	w Registered Agent, if c	hanging		

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:  XChange X Remove X Add	<u>V</u> <u>N</u>	ohn Doe Aike Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>T</u>	Adams, Dawn	542 Edgewood Ave, South Jacksonville, FL 32205
× Remove			
2) Change Add	<u>T</u>	Mullins, Amanda	e/o Pivot CPAs 238 Ponte VedraPark Dr. Ste 201
Remove 3 ) Change Add Remove		<u>-</u>	Ponte Vedra Beach, FL 32082
4) Change Add	<u>C</u>	Boone, Chad	c/o Meadows and Ohly 245 Riverside Avenue
Remove			Jacksonville, FL 32202
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		al Articles, enter change(s) here: ary). (Be specific)	
<u>N/A</u>			
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The date of each amendment(s) adoption date this document was signed.	n:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departme	es not meet the applicable statutory filing requirements, this date will no ent of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

ited by the boa	rd of directors.
Dated Signature	11/23/2021
	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)
	Tom Grogan
	(Typed or printed name of person signing)
	,, , , , , , , , , , , , , , , , , , , ,
•	
	Chairman
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were