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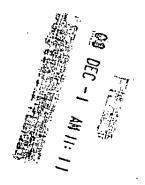
(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
(т.у.с.т.
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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12/01/08--01027--015 **43.75



Jake Single

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jacksonville, FL 3220
(City/State and Zip Code) For further information concerning this matter, please call: at (904) 765-3365 (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 & \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current Number of Corporation Number of Co	11000	149	<u>itate</u>) '
Pursuant to the provisions of section 617.1006, I the following amendment(s) to its Articles of Inc.	Florida Statutes, corporation:	this <i>Florida Not For</i>	Profit Corporation adopts
A. If amending name, enter the new name of	the corporation	<u>n:</u>	
N/a			
The new name must be distinguishable and conabbreviation "Corp." or "Inc." "Company" or			corporated" or the
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	icable:	N/a	
	,		

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>'E BOX</u>)	NJa	
			
D. If amending the registered agent and/or re new registered agent and/or the new regist			nter the name of the
Name of New Registered Agent:	N/a		<u></u>
_			
New Registered Office Address:	(Flori	da street address)	
-		(0:1)	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.			ept the obligations of the
Sig	gnature of New	Registered Agent, if ci	hanging

Page 1 of 3



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** <u>Name</u> 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) pon the dissolution of the organization, assets for one or more exempt purposes within the meaning of section the Internal Revenue Code or corresponding of any tuture federal to the tederal government disposed of shall be dispose, ommon Meas of organization for such purposes or exclusively

The date of each amendment(s) adoption	1: November 28, 2008			
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 was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)			
There are no members or members entradopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was/were			
have not been s	Der 28, 2008 Lan or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, of ointed fiduciary by that fiduciary)			
<u>ct</u>	Tristine Walker-Grimes (Typed or printed name of person signing)			
Pro	esident (Title of person signing)			

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