## 107000009425

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### **COVER LETTER**

TO: Amendment Section Division of Corporations JCP CARES, Inc. N7000009425 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Meg Balke (Name of Contact Person) St. Johns CARES, Inc. (Firm/ Company) 450-106 State Road 13 N., #165 (Address) St. Johns, FL 32259 (City/ State and Zip Code) mbalke@jcpcares.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Meg Balke (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

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

Enclosed)

## 1-1-12

## Articles of Amendment to Articles of Incorporation of

FILED.

JCP Cares, Inc.		2814 DEC 10 PM	3: 53
(Name of Corporation as currently	filed with the Florida Dept. of	State)	STATE
· ,		State)  SEATT AHASSEE. F	LORIDA
(Docu	ment Number of Corporation (if k	nown)	P
Pursuant to the provisions of section 617.1 mendment(s) to its Articles of Incorporati		Not For Profit Corporation adopts	s the followir
A. If amending name, enter the new nar			
St. Johns CARES, Inc	C.		The nev
name must be distinguishable and contain "Company" or "Co." may not be used in	the name.	rporated" or the abbreviation "Cor	p." or "Inc.'
B. Enter new principal office address, it Principal office address <u>MUST BE A ST</u>			
	<del> ,</del>		<del></del>
			<del></del>
C. Enter new mailing address, if applic	able:		
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)		<del></del>
			<del></del>
D. If amending the registered agent and	Vor registered office address in	Florida anter the name of the	
new registered agent and/or the new		rioriua, enter the hame of the	
Name of New Registered Agent:	Meg Balke		
	(Florida street ad	ldress)	
New Registered Office Address:			
		, Florida	<del></del>
	(City)	(Zip (	Code)
New Registered Agent's Signature, if ch hereby accept the appointment as registe		d accept the obligations of the posit. 	ion.
-	111 Year 1200	R	
ngin-man	Signature of New Registered Ag	ent, if changing	

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 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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>T</u>	Charlotte Neudigate	
Add			
Remove			
2) Change	<u>T</u>	Patricia Gavaletz	
X Ramaya			
Kemove	Р	Katherine Bravo	
3) Change	<del></del>	Tationio Biavo	
Add X Remove			
4) X Change	Р	Marguerite Balke	
Add	<del></del>		
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)				
(attach additional sheets, if necessary).	(Be specific)			
See attached				
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7-1-PM				
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# ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF JCP CARES, INC.

Article I of the articles of incorporation of JCP Cares, Inc. was amended by the corporation's board of directors on 10/7/14. The corporation is filing these articles of amendment to articles of incorporation pursuant to F.S. 617.1002.

1. Article I – Name of the articles of incorporation of JCP Cares, Inc. was amended as follows:

Name

"The name of the Corporation shall be St. Johns CARES, Inc."

2. The foregoing amendment to articles of incorporation was adopted by the board of directors on October 7, 2014.

In witness whereof, the undersigned Director of this corporation has executed these articles of amendment on October 7, 2014.

Katherine A. Bravo, Director

The	date of each amendmen	t(s) adoption: 10/7/14	, if other than the
date	this document was signed	•	
Eff	ective date <u>if applicable</u> :	1/1/15	
		(no more than 90 days after amendment file date)	_ <b>_</b>
Add	option of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/w was/were sufficient for a	vere adopted by the members and the number of votes cast for the amendment(s) opproval.	
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated 11	/29/14	
	Signature	Maximt Balke	
	have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Margu	ierite Balke	
		(Typed or printed name of person signing)	
	Presid	lent	
		(Title of person signing)	