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(Re	questor's Name)	
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ALLANASSEE, FLORDI

COVER LETTER

NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup\$43.75 Filing Fee & \$\Bigcup\$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

TO: Amendment Section

Division of Corporations

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

Articles of Amendment

Articles of Incorporation of

St. Johns CARI	65 , I	Inc.				
(Name of Corporation as curr	rently filed	with th	e Florida D	ept. of State)		
N07000009425		·····				
(Document Nur	mber of Co	rporatio	n (if known))		
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	tutes, this F	lorida N	Not For Proj	fit Corporation a	dopts the f	ollowing
A. If amending name, enter the new name of the corpor	ration:					
						The new
name must be distinguishable and contain the word "corporation of the company" or "Co." may not be used in the name.	oration" or	"incorp	orated" or i	the abbreviation	"Corp." o	r "Inc."
B. Enter new principal office address, if applicable:						
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(7</u> 2)				署 经	17
					23.45	JAN -
	<u> </u>		· · · · · · · · · · · · · · · · · · ·		<u> </u>	$-\frac{2}{\omega}$
C. Enter new mailing address, if applicable:						
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)					4 24.	== '
					85	:2
					DA DA	26
	 ,,,					
D. If amending the registered agent and/or registered of		ss in Flo	orida, enter	the name of the		
new registered agent and/or the new registered office	e address:					
Name of New Registered Agent:						
			(Florida s	treet address)		
New Registered Office Address:						
			·····	, Florida		
	(City)			(Zip C	Code)	
New Registered Agent's Signature, if changing Registere	ed Agent:					
l hereby accept the appointment as registered agent. I am		th and a	accept the o	bligations of the p	osition.	
				·		
	Signature	of New	Registered 2	Agent, if changing	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)

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		Doe Jones Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	/	Address
1) Change	5	Linda	Gondka	<u> </u>
Add Remove 2) Change	5	Delbor	ah Gomes	
Add Remove 3) Change Add	3dV:	JIID	A Mato"	St. Johns PL 32859 450-104 SR13N. #165
Remove 4) Change Add	P	Katherina	Bravo	St. Johns, PL30059 Sque asabove
Remove 5) Change Add	D	Doug L	Junnery	
Remove 6) Change Add	1	Zal Sva	an Mulley	
Remove		J	Page 2 of 4	

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
+ Add	D	Anne Chane 450-106 SR13 N., #165 St. Johns, PL 32259
, 4) = 0		450-106 SR13 N. #165
		St. Johns, PL 32259
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The date of each amendment(s) adopt	ion:	<u> </u>	116		, if other than th
late this document was signed.		Mh	1110)	
Effective date <u>if applicable</u> :	(no more than 90 day	ys after a	nendmen	t file date)	<u> </u>
Note: If the date inserted in this block d document's effective date on the Departs			tory filing	g requirements, this date will no	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and	the numb	er of vote	es cast for the amendment(s)	
☐ There are no members or members adopted by the board of directors.	entitled to vote on the a	amendmei	nt(s). The	e amendment(s) was/were	
Dated	17/17				
have not been so		tor – if in	the hand	or other officer-if directors is of a receiver, trustee, or	
Mari	JULITE (M) (Typed or pr	lQ)	Bod ne of pers	the con signing)	
	Produ	nt			

(Title of person signing)