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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jacksonville Florida Association of Dousing Counselors and Agencies Cummunity Development Document Number: NO8 0000/1488
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
HOUSING COUNSELONS. & Agencies, INC.
1284 W 20th Street Jacksonville FL. 3220 (Address)
Sack Sun Ville, Fl. 32209 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 CST Tallahassee, FL 32314 CST Tallahassee, FL 32301

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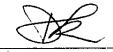
Articles of Amendment				
to				
Articles of Incorporation				

Sacksonville Florida Association of Housing Counselors and Agencies Community Development (Name of Corporation as currently filed with the Florida Dept. of State) Corporation
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the agencies, I abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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
New Registered Office Address: (Florida street address)
, Florida
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
Page 1 of 3

Page 1 of 3



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. If amen	ding or adding additional Art	icles, enter change(s) here:	
(attach a	dditional sheets, if necessary).	(Be specific)	
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The date of each amendment(s):	adoption: 10/12/2010
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) at.
There are no members or mem adopted by the board of directors	obers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated	1/12/2010
→ Signature	
(By the have no	chairman or vice chairman of the board, president or other officer-if directors at been selected, by an incorporator — if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
·	ONNA KARRAR (Typed or printed name of person signing)
·	Resident
	(Title of person signing)

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