N09000010008

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12/18/09--01042--009 **52.50

Amend

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPO	ration: <u>Nassau Goes</u>	Pink,Ir	ic.	······································
DOCUMENT NUM	BER: N090001008			
The enclosed Articles	of Amendment and fee are su	bmitted fo	r filing.	
Please return all corre	spondence concerning this ma	tter to the	following:	
		issy Brar		
	(Name o	f Contact	Person)	
	Nassau	Goes Pi	nk,Inc.	
	(Fire	n/ Compar	ny)	
	96016	Nickelso	n Ave	
 -	((Address)		
	Fernandi	na Bch,F	1 32034	
	(City/ Sta	ate and Zip	Code)	
	Chrissy@Na			
-	E-mail address: (to be use	ed for futu	re annual report notific	cation)
For further information	n concerning this matter, pleas	se call:		
Chrissy Branch		at (904) 491-196	67
	of Contact Person)	ar (me Telephone Number)
Enclosed is a check fo	r the following amount made p	payable to	the Florida Departmen	nt of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & ied Copy tional copy is sed)	
·	g Address		Street Address	is enclosed)
Amendment Section			Amendment Section	
Division of Corporations P.O. Box 6327			Division of Corporation Clifton Building	ons
Tallahassee, FL 32314			2661 Executive Center Circle	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of (Name of Corporation as currently filed with the Florida Dept. of State (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation 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 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 <u>MUST BE A STREET ADDRESS</u>) 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 (City) (Zip Code) 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

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)

litie	<u>Name</u>	Adoress	Type of Action
VP	Brandy Baldwin		
		86748 Worthington Dr yulee fl 32097	□ Remove
s/t	Pam LeClair		
		311 N. 14th St Fernandina Bch,Fl 32034	☐ Remove
<u>Vchn</u>	Jessica Leclair	311 N. 14th St Ferenandina Bch Fi 32034	
(attach ac	• • • • • • • • • • • • • • • • • • • •	<u>, enter change(s) here</u> : e specific) Pink,Inc", asserts will be distrib	outed for one or more
exempt p	urposes within the meaning of	section 501(c)(3) of the interna	al revenue code,or
correspon	nding section of any future fed	eral tax code,or shall be distribu	uted to the federal
governme	ent,or to a state or local govern	nment,for a public purpose.	
Amend ar	ticle III- The specific purpose	for "Nassau Goes Pink,Inc." is e	exclusively for charit-
able purpo	oses under section 501(c)(3) c	of the Internal Revenue code,or	corresponding
section of	any future federal code. We v	vill raise funds to give assistance	ce to the sick and
needy . , /	All donations will go to assist o	cancer patients enduring the lor	ng process of chemo/
or radiatio	n treatment. We will help thes	e patients with the cost of med	ication and with
utilities.			
····			

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Sandra Procter		
		7824 Rocky Fort Trail	☐ ☑ Remove
		Jacksonville, Florida 32277	_
ST	Marie domin		☐ Add
		7892 Dwyer Road	☑ Remove
		Jacksonville, Florida 32205	
			☐ Add
			Remove
F If am and	ng or adding additional Articles, ente	or changa(e) hare	
	ditional sheets, if necessary). (Be spe		
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The date of each amendment	(s) adoption: <u>12/</u>	14/09	
Effective date <u>if applicable</u> :	12/14/09	(date of adoption is required)	
	(no more	than 90 days after amendment fi	le date)
Adoption of Amendment(s)	(CHE	CK ONE)	
The amendment(s) was/we was/were sufficient for app		nembers and the number of votes	cast for the amendment(s)
There are no members or adopted by the board of dis		vote on the amendment(s). The	amendment(s) was/were
Dated_12/1	4/09		
Signature	Chlip	tin Branol	President
hav	e not been selected	ce chairman of the board, preside l, by an incorporator – if in the I iduciary by that fiduciary)	but or other officer-if directors nands of a receiver, trustee, or
our	a court appointed in	iducially by that fiducially)	
		Christine Branch	
	(Type	d or printed name of person sign	ing)
		President and founder	
		(Title of person signing)	

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