# N10000004499

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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700181591637

06/14/10--01041--020 \*\*43.75

FILED

2010 JUL -1 PH 2: 46

SEGRETARY OF STATE

Amend

JUL - 2 2010

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION:	Clay County Archives Inc.	<del></del>
DOCUMENT NU	JMBER:	N10000004499	
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning t	is matter to the following:	
		Rick Dingle	
		Name of Contact Person	
	Clay	County Clerk of Courts	
		Firm/ Company	
	825 N. (	Prange Ave. P.O. Box 698	
		Address	
	<del></del>	Cove Springs, FL 32043	
		City/ State and Zip Code	
_	E-mail address: (to be us	rd@clayclerk.com ed for future annual report notification)	
For further informa	ation concerning this matter	please call:	
	ebbie Thacker	at ( 904 ) 278-3714	
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a checl	k for the following amount	nade payable to the Florida Department of State:	:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & S52.50 Filin Certified Copy (Additional copy is enclosed)  Certified Co (Additional	f Status
Mailing Ac Amendmen Division of P.O. Box 6 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2010

RICK DINGLE CLAY COUNTY CLERK OF COURTS PO BOX 698 GREEN COVE SPRINGS, FL 32043

SUBJECT: CLAY COUNTY ARCHIVES INC.

Ref. Number: N10000004499

We have received your document for CLAY COUNTY ARCHIVES INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The attachment was not enclosed.

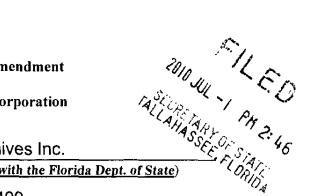
The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 910A00014855

#### **Articles of Amendment** to **Articles of Incorporation** of



#### Clay County Archives Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

#### N10000004499

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

If amending name, enter the new name of	the corporation:	
ne new name must be distinguishable and co breviation "Corp." or " Inc." <u>"Company" or</u>	ontain the word "corporation" or "Co." may not be used in the na	"incorporated" or the <u>ne</u> .
Enter new principal office address, if applerincipal office address MUST BE A STREET		<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
If amending the registered agent and/or renew registered agent and/or the new regis		a, enter the name of t
If amending the registered agent and/or renew registered agent and/or the new regis		a, enter the name of th
new registered agent and/or the new regis		a, enter the name of the

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)

<u>Title</u>	Name	Address	Type of Action
			Remove
		s, enter change(s) here: Be specific) tribution of Assets:	
Upon diss	solution, liquidation and windi	ng up of the affairs of the Co	orporation, the Board of
Directors	shall, after paying or making	provision for the payment o	f all the liabilities of the
Corporation	ons, distribute all of the remai	ning assets of the Corporat	ion to such organization
or organiz	ations as shall at the time qu	alify as an exempt organiza	tion under
	01(c)(3) of the Internal Reven		
	e disposed of by a court of co		
	office of the Corporation is the		
<del></del>	t shall determine.	Thousand to odon organizat	ion or organizations do
Sucii Coui	t shan determine.		
	- 1		
<del></del>			

The date of each amendment(s) a	doption: 06/11/2010
Effective date <u>if applicable</u> :	(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 ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated 6/25/201	0
Signature	Warin Storler
(By the chave not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
	Doris Stotler
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)

Page 3 of 3