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Amend

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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: <u>Northeast Florida Camp Cadet</u> , Inc.					
DOCUMENT NUMBER: N10000001313					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Rica	berly Falconer (Name of	Contact Person)			
	(Firm	/ Company)			
135	H Brookgreen	Way Address)			
20	ange Park FL	52003 te and Zip Code)			
5/0	E-mail address: (to be luser	d for future annual report notification	on)		
For further information	concerning this matter, please	e call:			
Kimberly Fa	Coner-Robinson f Contact Person)	at (<u>904</u>) <u>483-74</u> (Area Code & Daytime	755 Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amend Divisio	g Address ment Section n of Corporations ox 6327	Street Address Amendment Section Division of Corporations Clifton Building	,		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

11 FEB -4 PM 4: 42

TALLAMASSEE FLORIDA

Northeast Florida Camp Carlet Troc.

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

N1000001969
(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:

e new name must be distinguishable and previation "Corp." or "Inc." <u>"Company</u>		
Enter new principal office address, if a		
incipal office address <u>MUST BE A STRI</u>	<u>EET ADDRESS</u>)	
	- 111 - 111	
		
Enter new mailing address, if applical		
(Mailing address <u>MAY BE A POST OF</u>	FICE BOX)	
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If amending the registered agent and/o		n Florida, enter the name of th
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new registered agent and/or the new re		· · · · · · · · · · · · · · · · · · ·
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new registered agent and/or the new re Name of New Registered Agent:	(Florida street a	oddress), Florida

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
Connector	boomself connects.	3946 St. Johns Ave. Aph. 91 Tacksonville, FL 3220	_ □ Add □ □ Remove
Co:Ducebo	Dan Wendorff	Middleburg, FL 320168	A Add Remove
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(attach aa	ling or adding additional Articles, enter iditional sheets, if necessary). (Be specif		
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92° Q	regarised and operated	I exclusively for Suc	h purposes
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The date of each amendment(s) adoption: 120020 28, 2011
(date of adoption is required)
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated January 28, 2011
Signature Vimberly Falconer-Robinson
(By the chairman of vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)
Kimberly Falcones-Robinson (Typed or printed name of person signing)
Director
(Title of person signing)

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