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(Re	questor's Name)
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(Cit	y/State/Zip/Phone #)
☐ PICK-UP	WAIT MAIL
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	ocument Number)
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Award



COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: THE COM	WECTING POI	Nt JAX, /NC.
DOCUMENT NUMBER: N//0000	1405	
The enclosed Articles of Amendment and fee are submi	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
LEONARD É STRICKE	Name of Contact Person)	
THE CONNECTING POINT		
3372 CAMERON CHE	TSE DRIVE	
	(Address)	
TAMAHASSEE, FL.	32309	
WFJ247@ CcmcAs7	for future annual report no	otification)
For further information concerning this matter, please of		
LEUNARD E STRICKLA	NO) at 90	a Code) (Daytime Telephone Number)
(Name of Contact Person)	(Are	a Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Depar	tinent 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)
Mailing Address	Street A	
Amendment Section Division of Corporations		nent Section a of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

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Articles of Incorporation

THE CONNECTING	POINT JAX INC.	
(Name of Corporation as	CUT SAX, NC,	
N/100000/9		
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida mendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation adopts the f	ollowing
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "e 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 ADD	e: 3372 CAMERON CHASE & DRESS)	DIZIVE
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	18 3372 CAMERON CHOSE TALLAHASSEE, FL.3230	DAIVE 9
D. If amending the registered agent and/or registe new registered agent and/or the new registered	ered office address in Florida, enter the name of the office address:	
Name of New Registered Agent:	3372 CAMERIN CHACE DAV	<u>΄</u> ξ
<u>New Registered Office Address:</u>	TAUAHASSEE Florida 323	<u>209</u>
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	(City) (Zip Code) gistered Agent: I am familiar with and accept the obligations of the position.	
	Signature of New Registered Agent, if changing .	14 (20 174 174 174
	Page 1 of 4	. 30

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 Doc 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: XChange X Remove X Add		<u>Doe</u> Jones Smith	
Type of Action (Check One)	Title	Name	Address
1) K Change	D	LEDNARD E. STRICKIAND	3372 CAMERUN CHASE DEVE TOLLAHASSEE, FL 323US
Add Remove 2)	<u>D</u> _	_	3372 CAMERUN CHASE DOINE TAMAHOSSEE, EL 32309
Remove 3) Change Add			
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional sheet	g additional Art ts, if necessary).	(Be specific)				
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The date of each amendment(s) adoptice late this document was signed. Effective date if applicable:	on: 5/18/18 5/18/18 (no more than 90 days after amendment file date)	, if other than t
Note: If the date inserted in this block dedocument's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date wi	Il not 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 number of votes cast for the amendment(s)
There are no members or members of adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 5/16	118 6 1 Hu	
(By the chairman have not been se	or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or sinted fiduciary by that fiduciary)	
_ LEO	(Typed or printed name of person signing)	
Reg	Sters Offst DIREcture (Title of person signing)	