## 3 N11000006712

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: JOY CENTER, INC.				
DOCUMENT NUMBER: N11000006712				
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
MARSHALL ELLINGTON				
1)	Name of Contact Person)			
JOY CENTER, INC.				
	(Firm/ Company)			
PO BOX 212	···			
	(Address)			
STUART, FL 34995	Start State and Tim Code)			
(C	City/ State and Zip Code)			
INFO@SPIRITSAILING.COM E-mail address: (to be u	sed for future annual report	notification)		
For further information concerning this matter, ple	ase call:			
MARSHALL ELLINGTON	at (_800	) 447 1556		
(Name of Contact Person)	(Area Co	ode & Daytime 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 State	& \$\square\$\$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  Amendment Section		Address		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

IOY CENTER, INC.			<del> </del>
(Name of Corporation as currently f	iled with the Florida [	Dept. of State)	
N11000006712			
(Document Number of Corpora	tion (if known)		
cursuant to the provisions of section 617.1006, Florida Statute ollowing amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For</i>	Profit Corporation ad	lopts the
. If amending name, enter the new name of the corporation	on:		
The new name must be distinguishable and contain the word "Corp." or "Inc." "Company" or "Co." may not be used in		porated" or the abbre	viation
B. Enter new principal office address, if applicable;			
Principal office address <u>MUST BE A STREET ADDRESS</u> )		*** -	· ·
		1.5	
		-	7
C. Enter new mailing address, if applicable:			E Co
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	· · · · · · · · · · · · · · · · · · ·	EII.
		Ĺ	Sign I
		4,0	,"G
			<u> </u>
. If amending the registered agent and/or registered offic	e address in Florida, e	enter the name of the	22 CD 24 AV
new registered agent and/or the new registered office ac	<u>ldress:</u>	والا مجيابي د	w 6
Name of New Registered Agent:			
	Florida street address)		
New Registered Office Address:			
		, Florida	
	(City)	(Zip C	ode)
lew Registered Agent's Signature if changing Registered	Agent:		
		he obligations of the po	osition.
- · · · · · · · · · · · · · · · · · · ·	-		
Signature of New Regist	ered Agent, if changing		
new registered agent and/or the new registered office at  Name of New Registered Agent:	idress;  Florida street address)  (City)  Agent: niliar with and accept th	, Florida(Zip Co	·

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	ŕ	<u>Name</u>		Address	
1) <u>D</u>	MARS	HALL ELLINGTON		0.80x 212 VART, FL. 34995	
2)		<u> </u>			· · · · · · · · · · · · · · · · · · ·
3)					
4)					
5)					
6)		·			
<u>If REMOVII</u>	NG an officer and/o	r director, please list th	e title(s) and nar	ne of the officer/director t	o be removed:
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>	
1) <u>D</u>	DON MARTIN		4)		
2)	<del>- ' </del>		5)	and the same and t	
3)			6)		

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
THE FEI/EIN NUMBER IS 650131176		· · · · · · · · · · · · · · · · · · ·
THE FEIGHT NOWIDER IS 650151170		
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Page 4 of 4