

N1100005862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 21 2013
R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2013

EVERETT O. SMITH
ABUNDANT HARVEST CONSULTING SERVICE
8709 BUZZ CT
JACKSONVILLE, FL 32216

SUBJECT: REINTEGRATION SOLUTIONS, INC
Ref. Number: N11000008862

We have received your document for REINTEGRATION SOLUTIONS, 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 above referenced entity is a Florida not for profit corporation and the form you have submitted is for a Florida profit corporation.

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 313A00021899

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **Reintegration Solutions, Inc.**

DOCUMENT NUMBER: **N11000008862**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Everett O Smith

(Name of Contact Person)

Abundant Harvest Consulting Services

(Firm/ Company)

8709 Buzz Ct

(Address)

Jacksonville, FL 32216

(City/ State and Zip Code)

esmith@ahcsmarketing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Everett O Smith

(Name of Contact Person)

at **904 993-6871**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|--|--|

RECEIVED
13 OCT 18 PM 12:10

Mailing Address

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
19 OCT 18 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Reintegration Solutions, Inc.

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

N11000008862

(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:

Re-integration of Jacksonville (RJax), Inc.

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 MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

1715 Country Walk Dr.

(Florida street address)

New Registered Office Address:

Orange Park, FL

(City)

Florida

32003

(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)

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 Doe 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Exec</u>	<u>Scot, Garland</u>	<u>1715 Country Walk Dr.</u> <u>Orange Park, FL 32003</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Adm</u>	<u>Collier, Jacqueline</u>	<u>1715 Country Walk Dr.</u> <u>Orange Park, FL 32003</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Dir</u>	<u>Bolton, Daryl Fiv</u>	<u>113 South 15th Street</u> <u>Palatka, FL 32177</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Brd</u>	<u>Foster, Debra C.</u>	<u>315 North 8th Street</u> <u>Palatka, FL 32177</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Oper</u>	<u>Gardner, William H.</u>	<u>2242 Bristol Spring Ct</u> <u>Jacksonville, FL 32246</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Car</u>	<u>Gardner, Anita</u>	<u>2242 Bristol Spring Ct</u> <u>Jacksonville, FL 32246</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Not Applicable

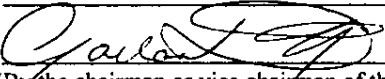
The date of each amendment(s) adoption: September 3, 2013, if other than the date this document was signed.

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 September 24, 2013

Signature 

(By the chairman or 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)

Garland Scott

(Typed or printed name of person signing)

Executive Director

(Title of person signing)