1112000004220

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	Mait Wait	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



700261624567

07/01/14--01012--007 **35.00

SECRETARY OF STATE OF

Amund ian.m.14

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Jax Reef and Marine Club, Inc.					
DOCUMENT NUMBER: N1200004220					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Carol Elizabeth Bunker (Name of Contact Person)					
Jax Reef and Marine Club, Inc. (Firm/Company)					
2033 Muncie Ave.					
Jacksonville, FL 32210 (City/State and Zip Code)					
Carolb 42289 Quahoo. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Carol Elizabeth Bunker at (904) 654-4672 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee & S43.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					

Articles of Amendment

to
Articles of Incorporation
of

Jax Reef and	Marine Club, Inc.				
(Name of Corporation as currently filed with the Florida Dept. of State)					
NIOCOCONADO					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following				
A. If amending name, enter the new name of the corporation:					
The ner 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)	2033 Muncie Ave. Jacksonville, FL 32210				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2033 Muncie Ave. Jacksonville, FL 32210				
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: (2001)	Elicabeth Bunber Muncie Ave.				
New Registered Office Address:	(Florida street address)				
Jacks	ONVILLE, Florida 32210 (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					

Page 1 of 4

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: X_Change X_Remove X_Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	PA	Christophec P. McCoy	5424 Oliver St. N Jacksonville, FL 32211
2) Change Add	IA	Christy L. Duhl	2610 State Road A1A APT 410 Atlantic Beach, FL 32233
3) Change Add Remove	√PA_	Charyl J. Haack	2553 Woodhaven Court Green Cove Springs, FL 32043
4) Change Add Remove	I	Carol Elizabeth Bunker	2033 Muncie Ave. Jocksonville, FL 32210
5) Change Add Remove	<u>P</u>	Michael Christopher Stamp	os 5469 Gable Lane. Tacksonville, FL 32211
6) Change Add		Kenneth W. Ingram Tr.	APT 826
Remove		Page 2 of 4	Jacksonville, FL 32257

If amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)

	1-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-

	**** ** , , , , , , , , , , , , , , , ,
	

	te this document was signed.	, ii other than th
Eff	fective date if applicable:	
	(no more than 90 days after amendment file date)	
Ad	loption of Amendment(s) (CHECK ONE)	
XI	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 Juge 28, 2014	
	Signature Christoph P Mery	>
	(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)	
	Christopher P. McCoy Midael C. Stamps (Typed or printed name of person signing)	
	(Typed or printed name of person signing) President President	
	(Title of person signing)	
	(i me or berson signing)	