N12000007227

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700250751477

anena

08/15/13--01019--011 **35.00

PILED
2013 AUG 15 PM 4: 21
SECRETARY OF STATE
SECRETARY OF STATE

100R 8/20/13

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jackson i	n Action 83	Foundation, Inc.
DOCUMENT NUMBER: N1200007	227	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Irwin I. Skoller		
	(Name of Contact Persor	1)
Irwin Skoller, Acctg & Ta	x Consultar	nts, LLC
	(Firm/ Company)	
1375 Gateway Blvd. Suit	te 8	
	(Address)	
Boynton Beach, FI 33426	6	
	(City/ State and Zip Code	e)
Irwintaxman@aol	.com	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Irwin I Skoller	_{at (} 561	767-3020 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bussee, FL 32301

Articles of Amendment to Articles of Incorporation

•	of	eu ch	
Jackson in Action 83 Founda	ation, Inc.	FILED	
(Name of Corporation as currently filed	with the Florida Dept. o	(State) 2013 AUG 15 PM 4: 20	
N12000007227		CECCET LARY OF STATE	
(Document)	Number of Corporation (if	KNOWN) TALLAHASSEE, FLORIDA	
Pursuant to the provisions of section 617.1006, Famendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Florid</i>	a Not For Profit Corporation adopts the fo	llowin
A. If amending name, enter the new name of	the corporation:		
			he nev
name must be distinguishable and contain the we "Company" or "Co." may not be used in the na		orporated" or the abbreviation "Corp." or	"Inc."
B. Enter new principal office address, if appli	icable:		
Principal office address <u>MUST BE A STREET</u>	<u>[ADDRESS]</u>		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)		
D. If amending the registered agent and/or re		Florida, enter the name of the	
new registered agent and/or the new regist	tered office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	address)	
		Plantin	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changin	a Degistered Agent.	, ,	
hereby accept the appointment as registered ag		nd 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 <math>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	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Jason Mize	717 S. Brevard Ave.
X Add			Tampa, FI 33606
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding ac attach additional sheets, i	f necessary).	(Be specific)				
·						
		 				
		<u></u>				
					 	
						
· · · · · · · · · · · · · · · · · · ·			•			
						
·				 -		
· 						
						
				- 		
		·				

	The date of each amendment(s) adoption:late this document was signed.			
Eff	iffective date if applicable:			
	(no more than 90 days after amendment file date)			
Ado	option 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.			
	Signature (By the chairman of the board, president or other officer-if directors			
	Inave not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
	Lindsey Rae Jackson			
	(Typed or printed name of person signing)			
	Vice-President and Director			
	(Title of person signing)			