# 3000033435

(Requestor's Name)	
(Address)	400252263884
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10.700.440
(Business Entity Name)	10/02/13+-01020 001 ***
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### **COVER LETTER**

•					
NAME OF CORPORATION: Unity of Jacksonville Blach, In					
DOCUMENT NUMBER: <u>N 1300003435</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Dolores Vetter (Name of Contact Person)					
(Name of Contact Person)					
Unity of Jacksonville Beach, Inc.					
1079 Atlantic Blvd., Ste 1 (Address)					
Atlantic Beach FL 32233 (City/ State and Zip Code)					
Unity of jax beach @ aol. com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Dolores Vetter at 904, 246-1300 (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee					

## **Mailing Address**

TO: Amendment Section
Division of Corporations

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**

<b>''</b>	of	
Unity of Jackson (Name of Corporation as currently filed with the Flor	nville Reach, Inc.	-
The state of the s	25	
N13000034	and the second s	_
(Document Number of Con	rporation (II known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporation	on:	
	nla	The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.		or "Inc."
B. Enter new principal office address, if applicable:	nla	
(Principal office address MUST BE A STREET ADDRESS)		- ූ ස්
	in the second second	
		:- C
C. Enter new mailing address, if applicable:		\ \times \ \ \
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	- 22 🗇
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D. If amending the registered agent and/or registered office		
new registered agent and/or the new registered office ac	udress:	
Name of New Registered Agent:	$\underline{\hspace{1cm}}$	
	·	
,	(Florida street address)	
New Registered Office Address:	1	
	, Florida	
(City)	(Zip Code	e)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.	
	Registered Agent, if changing	
Signature of New 1	Registered Agent, if changing	
y ,		

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	<u>V</u> <u>Mik</u>	n <u>Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	_ρ	KATHRYN CHAMPAGNE	12406 HARBOR WINDS DR. N. JACKSONVILLE FL 31225
2) Change Add	T	IVETTE MORAY	SZOI ATLANTIC BLVD #291 JACKSONVILLE FL 32207
Remove  3) Change Add Remove	<u>S</u>	SUSAN SMITH	1620 SUNNYSIDE AVE. JACKSONVILLE FL 32224
4) Change Add Remove	TR	DOLORES VETTER	1079 ATLANTIC BLVD #1 ATLANTIC BEACH FL 32233
5) Change Add Remove			
6) Change Add Remove			· · · · · · · · · · · · · · · · · · ·
Kemove		Page 7 of 4	

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)	<u>e(s) nere</u> .						
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	this document was signed.	, if other than the
Effe	(no more than 90 days after amendment file date)	<del>-</del>
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )	
¥	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 08/26/2013	
	Signature Bev. Jolones Vetter	
	(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)	
	Dolores Vetter	
	(Typed or printed name of person signing)	
	Minister/Board of Trustees member (Title of person signing)	
	(Title of person signing)	