## N13000003869

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUL 22. AM 8: 59

C. LEYYIS

JUL 2 5 2013

EXAMINER

TO: Amendment Section Division of Corporations

FRIENDS OF THE "BABE" JAMES CENTER, INC.

NAME OF CORPORATION

N13000003869

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

Please return all correspondence concerning this matter to the following:

IONEL LONG, PhD

(Name of Contact Person)

FRIENDS OF "BABE" JAMES, INC.

(Firm/ Company)

P. O. BOX 2324

(Address)

NEW SMYRNA BEACH, FLORIDA 32170

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

ionel Lona. Ph

(Name of Contact Person)

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

Certificate of Status

□ \$35 Filing Fee □\$43.75 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

Street Address

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

## Articles of Amendment to Articles of Incorporation

FILED

13 JUL 22 AM 8:55

## FRIENDS OF THE "BABE" JAMES CENTER, INC.

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

N13000003869

(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:

| FRIENDS OF "BABE" JA  | AMES, IN          | C.  | The n                             |
|---|-------------------|---|-----------------------------------|
| name must be distinguishable and contain th<br>'Company" or "Co." may not be used in th       |                   | tion or incorporated or the                   | abbreviation Corp. or inc         |
| 3. Enter new principal office address, if a<br>Principal office address <u>MUST BE A STRI</u> | pplicable:        | ,NA   |                                   |
| C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)                 |                   | NA  |                                   |
|   |                   |   |                                   |
| ). If amending the registered agent and/o   | r registered offi | ce address in Florida, enter t                | he name of the                    |
| D. If amending the registered agent and/o<br>new registered agent and/or the new re           |                   |   | he name of the                    |
|   |                   |   | he name of the                    |
| new registered agent and/or the new re  |                   |   | he name of the                    |
| new registered agent and/or the new registered Agent:   |                   | iddress:<br>(Florida street address)          |                                   |
| new registered agent and/or the new registered Agent:   |                   | t <b>ddress:</b> (Florida street address) , F | he name of the  lorida (Zip Code) |

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: XChange X Remove X Add | PT John<br>V Mike<br>SV Sally | Doe<br>Jones<br>Smith |         |
|---------------------------------|-------------------------------|-----------------------|---------|
| Type of Action<br>(Check One)   | <u>Title</u>                  | <u>Name</u>           | Address |
| 1) Change                       |                               |                       |         |
| Add Remove                      |                               |                       |         |
| 2) Change                       |                               |                       |         |
| Add                             |                               | NH                    |         |
| 3) Change                       |                               | V                     |         |
| Remove                          |                               |                       |         |
| 4) Change Add                   |                               |                       |         |
| Remove                          |                               |                       | ,       |
| 5) Change Add                   |                               | <i></i>               |         |
| Remove                          |                               |                       |         |
| 6) Change                       | _                             |                       |         |
| Add                             |                               | Page 2 of             | 4       |

| If amending or a | dding additional Arti<br>sheets, if necessary). | icles, enter chang<br>(Be specific)   | <u>te(s) here</u> :                          |                        |
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|                  |   |                                       |  |                        |

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| The date of each amendment(s)                                  | MAY 31, 2013  | 511 p                                     |
|--|---|---|
| Effective date if applicable:                                  | 1AY 31, 2013  | LILED                                     |
|  | (no more than 90 days after amendn  | ~ C DA O. A                               |
| Adoption of Amendment(s)                                       | (CHECK ONE)   | SECRETARY OF STATE<br>TALLAHASSEE, FLORIE |
| ☐ The amendment(s) was/were was/were sufficient for appro      | adopted by the members and the number of vval.  | rotes cast for the amendment(s)           |
| There are no members or me adopted by the board of directions. | mbers entitled to vote on the amendment(s). ctors.  | The amendment(s) was/were                 |
| Signature (By the chart have not be                            | airman or vice chairman of the board, preside been selected, by an incorporator – if in the hart appointed fiduciary by that fiduciary) |   |
| LIONEL   | LONG, PhD   |   |
| PRESID   | (Typed or printed name of person signing)  ENT  |   |
| ·  | (Title of person signing)   | · — · — · — · — · — · — · — · — · — · —   |