## N/3483

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Amend NZ

09 DEC -2 AH 10: 24



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Leagu</u>	e of Women Voters i	of JACKSONVIlle, INC
DOCUMENT NUMBER: N 1348	73	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Jo Ann (Nan	Feder ne of Contact Person)	<del> </del>
League of	(Firm/ Company)	Tacksonville, Inc
P.O. Box	41/84 (Address)	<del></del>
Jackson U (City	/ State and Zip Code)	3
Jo Luvs 70 E-mail address: (to b	e used for future annual report notific	eation)
For further information concerning this matter, p		. 20-
To Ann Feder (Name of Contact Person)	at ( 904) 608 (Area Code & Dayti	me Telephone Number)
Enclosed is a check for the following amount m		
\$35 Filing Fee \$\square \$43.75 Filing Fee & Certificate of Status		☐ \$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 Corporati Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

Articles of Amendment 09 DEC -2 AM 10: 24 **Articles of Incorporation** The League of Women Voters of Jacksonville Five (Name of Corporation as currently filed with the Florida Dept. of State) N 13483
(Document Number of Corporation (if known)

the following amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:  League of Women Voters of Jacksonville First Coast Two  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)  Poste Veden Beach, FL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  P.O. Box 41184  TACKsonville, FL  32203		
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:  So ANN Feder  3039 Cypress Clark De E  (Florida street address)  Ponte Veden Beach, Florida 32-282  (City) (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.		

. 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) Type of Action Title Address BO39 Cyphoss Clock Add Porte Vedan Beach | Remove 223 Opean Blud Add
AtLantic Beach Remove
Florida 32 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each ar	nendment(s) adoption: ///30/09 (date of adoption is required)
Effective date if an	plicable: ///30/09  (no more than 90 days after amendment file date)
Adoption of Amen	dment(s) (CHECK ONE)
The amendments was/were sufficient	(s) was/were adopted by the members and the number of votes cast for the amendment(s) ent for approval.
	embers or members entitled to vote on the amendment(s). The amendment(s) was/were pour of directors.
D	ated 11/30/09
Si	gnature  (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)
	(Typed or printed name of person signing)  (Title of person signing)