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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	COLABJAX MAKE	R SPACE INC			
	N15000006704				
DOCUMENT NUMBER:					
The enclosed Articles of An	nendment and fee are subm	nitted for filing.			
Please return all correspond	ence concerning this matte	r to the following:			
MEREDITH LYNAM					
		(Name of Contact	Person)		
COLABJAX MAKER SPA	CE INC				
		(Firm/ Compa	ny)		·
2 INDEPENDENT DRIVE	UNIT 119				
		(Address)			
JACKSONVILLE, FLORII	DA 32202				
		(City/ State and Zip	p Code)		•
MLYNAM@COLABJAX.	ORG				
E	E-mail address: (to be used	for future annual re	eport notifica	ation)	
For further information conc	erning this matter, please	call:			
MEREDITH LYNAM		į	904 at	775-1530	
	(Name of Contact Person)		(Area Cod	le) (Daytime Tele	phone Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida	Department	of State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status		Ce r is Ce (A	52.50 Filing Fee ertificate of Status ertified Copy additional Copy is nclosed)	

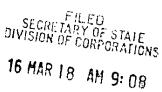
**Mailing Address** 

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 of



COLABJAX MAKER SPACE INC.			
(Name of Corporation	as currently filed with the Flor	ida Dept. of State)	
N15000006704			
(Docur	ment Number of Corporation (if kr	nown)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not Foo	r Profit Corporation adopts the following	
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		The new " or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i> )		
D. If amending the registered agent and/or reginew registered agent and/or the new register		enter the name of the	
Name of New Registered Agent:	CHRIS LAVAN		
	1044 WILLOW BRANCH AVE		
New Registered Office Address:		orida street address)	
	JACKSONVILLE	, Florida 32205	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent:  at. I am familiar with and accept	the obligations of the position.	
-	Signature of New Registe	ered 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 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 Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	SD	JASON SALVAGNI	2105 SOUTH CRANBROOK AVE
Add			ST.AUGUSTINE, FL. 32092
X Remove			
2) X Change	PD	CHRIS LAVAN	1044 WILLOW BRANCH AVE
Add			JACKSONVILLE, FL 32205
Remove	110D	MEDERATIVISMA	1044 WHI I OWN DD ANGW AND
3) Change	VSD	MEREDITH LYNAM	1044 WILLOW BRANCH AVE
X Add		•	JACKSONVILLE, FL 32205
Remove			
4) X Change	TD	MATT BARKER	620 SWISS LANE
Add			ST. JOHNS, FL. 32259
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)				
		·			<del></del>
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, , , , , , , , , , , , , , , , , , , ,					
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					•

	DECEMBER 11, 2015	
The date of each amendment	(s) adoption:	, if other than the
date this document was signed		
	DECEMBER 11, 2015	
Effective date if applicable:	DECEMBER 11, 2015	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in th	is block does not meet the applicable statutory filing requirements, this date will	not be listed as the
document's effective date on th	he Department of State's records.	
Adoption of Amendment(s)	(CHECK ONE)	
	(27,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,	
The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
☐ There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.	
02/25. Dated	/2016	
Dated	1 /)	
Signature	fait howard	
-	chairman or vice chairman of the board, president or other officer-if directors	<del></del>
` •	not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
	court appointed fiduciary by that fiduciary)	
other	contrapposited fiduciary by that fiduciary)	
СН	IRIS LAVAN	
	(Typed or printed name of person signing)	
CE	0	
-	(Title of person signing)	