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SECRETARY OF STATE FALLAHASSEE, FLORIDA

APPROVED AND FILED



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CO	PRPORATION: Jacksonville V	olleyball Club	
DOCUMENT	NUMBER: N15933		·
The enclosed A	rticles of Amendment and fee are sub	mitted for filing.	
Please return al	l correspondence concerning this matt	er to the following:	
	• • • • • • • • • • • • • • • • • • • •	Morrissey	
	(Name of	Contact Person)	
	First Coast Vo	lleyball Association	1311
	(Firm	/ Cómpany)	
	P.O. BOX 5075	7	
·			-
	Jacksonville Beac	h, FL 32240	
•	(City/ Stat	e and Zip Code)	
	0.1	and Tast	
	E-mail address: (to be used	comcast.net	ation)
For further info	rmation concerning this matter, please	call:	
-1			
Chris	Name of Contact Person)	at (904) 476	7376
(1	Name of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a ch	neck for the following amount made pa	ayable to the Florida Departmen	t of State:
□\$35 Filing Fe	ee \$43.75 Filing Fee & Certificate of Status	☐ \$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		Street Address	,
Amendment Section Division of Corporations		Amendment Section Division of Corporati	ons
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Cente	er Circle

Tallahassee, FL 32301



December 10, 2009

CHRIS MORRISSEY P.O. BOX 50757 JACKSONVILLE, FL 32240

SUBJECT: JACKSONVILLE VOLLEYBALL CLUB INCORPORATED

Ref. Number: N15933

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The last page of the amendment is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 209A00037760

Articles of Amendment to Articles of Incorporation

Jacksonville Volleyball Club Incorporated

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

N15933

(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:

First Coast Volleyball Association, Inc. 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.				
Enter new principal office address, if rincipal office address		······································		
Enter new mailing address, if applica (Mailing address MAY BE A POST OF				
If				
If amending the registered agent and/ new registered agent and/or the new r		a, enter the name of th		
		a, enter the name of th		
new registered agent and/or the new r		a, enter the name of th		
new registered agent and/or the new p	registered office address: (Florida street address)	, Florida		
new registered agent and/or the new p	registered office address:			

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	MA		☐ Add ☐ Remove
			
E. If amen (attach a	dditional sheets, if necessary, ;	rticles, enter change(s) here:). (Be specific)	
		·	
			

The date of each amendment(s) adoption	<u>12-10-09</u>
	(date of adoption is required)
(no	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)
There are no members or members enti- adopted by the board of directors.	itled to vote on the amendment(s). The amendment(s) was/were
Dated 12-01-	09
Signature	
(By the chairma have not been s	on or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)
Chr	(Typed or printed name of person signing)
Pres	(Title of person signing)
	(Title of person signing)