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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION	ON:	er Park, Inc.			
DOCUMENT NUMBER:	N16000000471				
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
Marcus Thompson, Esq.					
	((Name of Contact Pe	erson)		
Law Office of Marcus Thor	mpson, PLLC				
		(Firm/ Company	<i>y</i>)		_
320 High Tide Drive, Suite	101A				
		(Address)			_
St. Augustine, FL 32080					
	(City/ State and Zip	Code)		_
marcus@marcusthompsonla	aw.com				
<u> </u>	-mail address: (to be used	for future annual rep	ort notification	1)	_
For further information cond	erning this matter, please c	eall:			
Marcus Thompson, Esq.		at	904	342-8262	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the f	following amount made pay	able to the Florida I	Department of	State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing A	ddross	C4-	root Address		

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

16 FEB 24 AM 9: 55

Citizens for Ron Parker Park, Inc.		
(Name of Corporation as	currently filed with the Flor	ida Dept, of State)
N16000000471		
(Documen	nt Number of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
N/A		The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorporated	
B. Enter new principal office address, if applicable	N/A	
(Principal office address MUST BE A STREET ADI		
	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>N/A</u>	
	N/A	
	N/A	
D. If amending the registered agent and/or registe		enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:	V/A	
<u> </u>	I/A	
New Registered Office Address:	(FI	orida street address)
	J/A	N/A
	(Citv)	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regl hereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Regist	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.

X Change PT John Doe X Remove Y Mike Jones X Add SV Sally Smith		ike Jones			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	D	Marcus Thompson	320 High Tide Drive		
XAdd			Suite 101A		
Remove			St. Augustine, FL 32080		
2) Change	D	Micah Clukey	839 Tides End Drive		
X Add			St. Augustine, FL 32080		
Remove					
3) Change			· · · · · · · · · · · · · · · · · · ·		
Add					
Remove					
4)Change					
Add					
Remove					
5) Change		<u></u>	<u> </u>		
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
ARTICLE IX - DISSOLUTION	
In the event of dissolution of the Corporation, any and all assets and funds belonging to the Corporation shall be distribu	ıted
to the St. Johns County Recreation Department and the City of St. Augustine Beach for direct application for the	
maintenance of Ron Parker Memorial Park.	
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February 18, 2016 The date of each amendment(s) adoption: if other than the date this document was signed. **16** FEB 24 AM 9:55 Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) 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. February 18, 2016 Dated Signature (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)

Kenneth Byrd

Director of Citizens for Ron Parker Park, Inc.

(Typed or printed name of person signing)