NIE OCCOCHTGE

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400329207674

05/13/19--01019--006 **43.75

19 8AY 13 AH 9: 22

SECKETÁRY OF STATE TYPISION OF CORPORATIONS

Domind

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Project Play of North	neast Florida. Inc.	· · <u>-</u>	<u> </u>	
DOCUMENT NUMBER:	N16000004796		•		
The enclosed Articles of An	nendment and fee are subt	mitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Claudia Amlie					
		(Name of Contact P	erson)		
		(Firm/ Compan	y)		
350 San Juan Drive					
		(Address)			
Ponte Vedra Beach, Florida	32082	` ,			
Tome vedra beach, Florida		(Civ.(Civ.)	C- 4)		
		(City/ State and Zip	Code)		
claudiaamlie1@gmail.com					
T.	-inail address: (to be used	for future annual re	ort notificatio	n)	<u> </u>
For further information conc	terning this matter, please	call:			14 6 15 15 15 15 15 15 15 15 15 15 15 15 15
Claudia Amlie			904	239-7714	-≪ (m)
	(Name of Contact Person	at		(Daytime Telephone Numb	CORPO
Enclosed is a check for the f	following amount made pa	yable to the Florida	Department of	State:	4 9:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■S43.75 Filing Fee Certified Copy (Additional copy) enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	19 AH 9: 22
Mailine A	Addross	e.	root 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

Project Play of Northeast Florida, Inc.

(Name of Corporation as curre	ently filed with the Florida Dept.	of State)	
N16000004796			
(Document Nun	mber of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Profit C</i>	orporation adopts the following	
A. If amending name, enter the new name of the corpora	ation:		
		The new	
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the a	abbreviation "Corp." or "Inc."	
3. Enter new principal office address, if applicable:	350 San Juan Drive		
Principal office address MUST BE A STREET ADDRES.	S) Ponte Vedra Beach, Florida 320	082	
	·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	350 San Juan Drive		
	Ponte Vedra Beach, Florida 320	D82	
		YAY	
N. Kanandian dan makamatan dan Manada A		ن	
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 			
Name of New Registered Agent:	S. Amlie	9: 22	
	Juan Drive	.22	
Nine Province of Office Address	(Florida street)	address)	
New Registered Office Address: Ponte V	'edra Beach	27047	
Tone v	<u> </u>	Florida	
	(City)	(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: X_Change X_Remove X_Add	<u>V</u> <u>Mil</u>	n Doe ce Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Susan I. Snyder	552 Lemaster Drive
Add			Ponte Vedra Beach, Florida 32082
X Remove			
2) Change	<u>s</u>	Brett J. Snyder	552 Lemaster Drive
Add			Ponte Vedra Beach, Florida 32082
X Remove			
3) Change	P	Julie Vontz	71 Tallwood Road
X Add			Jacksonville, Florida 32250
Remove			
4) Change	S	Ken Vontz	71 Tallwood Road
X Add		•	Jacklsonville, Florida 32250
Remove			
5) Change			
Add			
Remove			and the same of th
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
	
· · · · · · · · · · · · · · · · · · ·	
	
	•

	May 5, 2019	
	date of each amendment(s) adoption:	ther than the
Eff	May 5, 2019 ctive date if applicable:	
	(no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed insert's effective date on the Department of State's records.	ed as the
Ade	ption of Amendment(s) (<u>CHECK ONE</u>)	
	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.	
	Dated May 5 2019	
	Signature (By the chairman or vice chairman on 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)	
	Claudia Amlie (Typed or printed name of person signing)	
	Vice President (Title of person signing)	
	(Title of person signing)	