

N 1160000 11330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

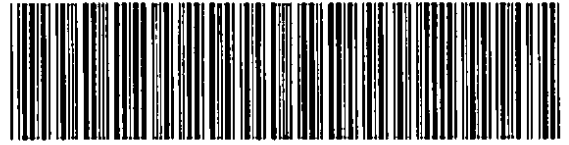
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2018 AUG 27 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN
AUG 28 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: St. Johns Coastal Counseling Associati
DOCUMENT NUMBER: N/6000011330

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Crystal Dean
(Name of Contact Person)

(Firm/ Company)

760 West Devonhurst Ln.
(Address)

Ponte Vedra, FL 32081
(City/ State and Zip Code)

cad.oaks@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Dean at cell 276-790-8673
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

* Already
sent in

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2018

CRYSTAL DEAN
760 WEST DEVONHURST LANE
PONTE VEDRA, FL 32081

SUBJECT: ST. JOHNS COASTAL COUNSELING ASSOCIATION, INC.
Ref. Number: N16000011330

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 518A00015163

18 AUG 27 PM 12:02

SECRETARY OF STATE

Articles of Amendment
to
Articles of Incorporation
of

St. Johns Coastal Counseling Association
(Name of Corporation as currently filed with the Florida Dept. of State) In

N16 0000 11330

(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:

A. If amending name, enter the new name of the corporation:

[REDACTED] 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)

760 West Devonhurst Ln.
Ponte Vedra, FL 32081

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

760 West Devonhurst Ln.
Ponte Vedra, FL 32081

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:

Crystal Dean

760 West Devonhurst Ln.

(Florida street address)

New Registered Office Address:

Ponte Vedra

(City)

Florida 32081

(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.

Crystal Dean
Signature of New Registered 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	<u>P</u>	<u>Lindsey Page</u>	<u>7164 Fleur Cove Drive</u>
<u> </u> Add			<u>Jacksonville, FL 32258</u>
<u>X</u> Remove			
2) <u> </u> Change	<u>V</u>	<u>Mildred Sierra</u>	<u>475 Longleaf Pine Pkwy</u>
<u> </u> Add			<u>St. Johns, FL 32259</u>
<u>X</u> Remove			
3) <u> </u> Change	<u>T</u>	<u>Caryn Patterson</u>	<u>777 Greenbriar Rd</u>
<u> </u> Add			<u>Jacksonville, FL 32259</u>
<u>X</u> Remove			
4) <u> </u> Change	<u>T</u>	<u>Crystal Dean</u>	<u>760 West Devonhurst Lane</u>
<u>X</u> Add			<u>Ponte Vedra, FL 32081</u>
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N / A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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.

Dated 8/6/18

Signature Mildred S.
(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)

Mildred Sierra
(Typed or printed name of person signing)

President
(Title of person signing)