## N170000000763

(Re	questor's Name)	,
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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03/10/17--01011--008 \*\*35.00

FILED SECRETARY OF STATE DIVISION OF CORPORATION

V HERRING APR 1 9 2017



March 13, 2017

ROBERT L. REASE PO BOX 2677 BELLE GLADE, FL 33430

SUBJECT: JONES FAMILY REUNION, INC.

Ref. Number: N17000000763

We have received your document for JONES FAMILY REUNION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Valerie Herring Regulatory Specialist II

Letter Number: 817A00004742

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	JONES FAMILY RE	EUNION, INC.		
	N17000000763			
DOCUMENT NUMBER:				
The enclosed Articles of Art	nendment and fee are subm	nitted for filing.		
Picase return all correspond	ence concerning this matte	r to the following:		
ROBERT L. REASE				
		(Name of Contact Pe	erson)	
		•		
		(Firm/ Company	·)	
PO BOX 2677, 609 SW 9T	H STREET			
		(Address)		
BELLE GLADE, FLORIDA	A 33430			
	(	City/ State and Zip (	Code)	,
stjohnsfirst@gmail.com				
F	-mail address: (to be used	for future annual rep	ort notification	)
For further information conc	erning this matter, please o	ali:		
ROBERT L. REASE		at	561	449-6932
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	epartment of S	State:
\$35 Filing Fee	□\$43.75 Filing Fee & D Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddress	Str	eet Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE

JONES FAMILY REUNION, INC.		2017 APR L8 PA
(Name of Corporation as	currently filed with the Florid	
N17000000763		
(Documen	t Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For I</i>	Profit Corporation adopts the followin
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	556 SE 4TH STREET	
(Principal office address MUST BE A STREET ADD		RIDA 33430 US
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	PO BOX 1957	
	BELLE GLADE, FLOR	RIDA 33430
D. If amending the registered agent and/or register new registered agent and/or the new registered of		ter the name of the
Name of New Registered Agent: NA	<u> </u>	
	(Floria	la street address)
<u>New Registered Office Address:</u> NA		,
	(City)	Florida (Zip Code)
lew Registered Agent's Signature, if changing Regi hereby accept the appointment as registered agent.		obligations of the position.
	Signature of New Registere	ed 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>M</u>	<u>hn Doc</u> <u>ike Jones</u> <u>lly Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	r	MELANIE BOLDEN-MORRIS	16394 EAST MAYFAIR DR.
X Add			LOXAHATCHEE, FL 33470 US
Remove			
2) Change	T	WARGUANDA HARRELL	245 SW 5TH AVE
Add			SOUTH BAY, FL 33493 US
X Remove			
3) Change	D	MARY HARRELL	120 SW 2ND AVE.
Add			SOUTH BAY, FL 33493 US
X Remove			
4) Change	D	ROBERT L. REASE	609 SW 9TH STREET
XAdd	•		BELLE GLADE, FL 33430
Remove			
5)Change			
Add			
Remove			
í) Change	***		
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
NΛ	
	<u> </u>
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		•		•	•	
The date of each amend		03/06/2017	·			, if other than the
date this document was sig	-			•		
Effective date <u>if applical</u>		,			· ·	· · · · · · · · · · · · · · · · · · ·
	(no	more than 90 days a	ifter amendment file da	ite)		
Note: If the date inserted			e statutory filing requir	ements, this date	e will not b	e listed as the
document's effective date	on the Department	of State's records.			•	
Adoption of Amendment	t(s) ( <u>C</u>	HECK ONE)				
was/were sufficient for	or approval.		number of votes cast f			
was/were sufficient for the suff	or approval.  rs or members entitle  d of directors.		number of votes east fundament(s). The amend			
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