

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The BOCA Center Jax, Inc.

DOCUMENT NUMBER: N17000007854

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

Please return all correspondence concerning this matter to the following:

Sherri A. Jackson

(Name of Contact Person)

The BOCA Center Jax, Inc.

(Firm/ Company)

5876 Lake Lucina Drive South

(Address)

Jacksonville, FL 32211

(City/ State and Zip Code)

tim.sherri@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherri A. Jackson

904

434-0830

(Name of Contact Person)

at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State: **Check # 2821**

- | | | | |
|---|--|---|--|
| <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) |
|---|--|---|--|

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

FILED

17 AUG 23 PM 1:50

The BOCA Center Jax, Inc.

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

N17000007854

(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:

N/A *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)

N/A

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

P.O. BOX 8161

JACKSONVILLE, FL 32239

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: N/A

New Registered Office Address: *(Florida street address)*

N/A Florida
(City) (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.

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>TIMOTHY T JACKSON</u>	<u>5876 LAKE LUCINA DRIVE S</u> <u>JACKSONVILLE, FL 32211 US</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>GEORGE MOSES</u>	<u>11574 CRYSTAL RIVER DRIVE</u> <u>JACKSONVILLE, FL 32219 US</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>KHRYSTAL E WHITLOCK</u>	<u>6087 MAGGIES CIRCLE #101</u> <u>JACKSONVILLE, FL 32244 US</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>WILLIAM KENDRICK</u>	<u>12117 WOODBRIDGE COURT</u> <u>JACKSONVILLE, FL 32246 US</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>SARAH PUNYA</u>	<u>3118 LAKESHORE BLVD.</u> <u>JACKSONVILLE, FL 32210 US</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TR</u>	<u>DENISE THOMAS</u>	<u>5613 VERNON ROAD</u> <u>JACKSONVILLE, FL 32209 US</u>

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

ARTICLE II: (AMEND MAILING ADDRESS TO) P.O. BOX 8161, JACKSONVILLE, FL 32239

ARTICLE III: (AMEND ARTICLE TO READ) THE SPECIFIC PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED IS: THE BOCA CENTER'S MISSION IS TO EMPOWER AND ASSIST THE RESIDENTS OF DUVAL COUNTY IN BECOMING ECONOMICALLY SELF-SUFFICIENT, SPIRITUALLY UPLIFTED, AND MENTALLY TRANSFORMED. WE WILL DO THIS BY SHOWING THE LOVE OF CHRIST TO EVERY PERSON WE COME IN CONTACT WITH. WE WILL PROVIDE ASSISTANCE WITH FOOD, CLOTHING, ACADEMIC ASSISTANCE, PERSONAL GROWTH PLANS, SPIRITUAL COUNSELING, AND REFERRALS TO PARTNERING AGENCIES. WE WILL PROVIDE THESE SERVICES IN HOPES OF HEALING OUR COMMUNITIES & RESTORING FAITH IN THE LIVES OF THOSE WHO LIVE WITHIN THESE COMMUNITIES. THIS CORPORATION IS ~~ORGANIZED~~ ^{ORGANIZED} EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, AND EDUCATIONAL PURPOSES THAT WILL QUALIFY IT AS AN EXEMPT ORGANIZATION UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE OF 1986, OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTION TO ORGANIZATIONS UNDER THAT CODE.

ARTICLE IX: (NEW ARTICLE) UPON DISSOLUTION OF THE CORPORATION THE BOARD OF DIRECTORS SHALL, AFTER PAYING OR MAKING PROVISION FOR THE PAYMENT OF ALL OF THE LIABILITIES OF THE CORPORATION, DISPOSE OF ALL THE ASSETS OF THE CORPORATION EXCLUSIVELY FOR THE PURPOSES OF THE CORPORATION IN SUCH MANNER AS THE BOARD OF DIRECTORS SHALL DETERMINE, OR TO SUCH ORGANIZATION(S) ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, OR EDUCATIONAL PURPOSES AND SHALL AT THE TIME QUALIFY AS AN EXEMPT ORGANIZATION(S) UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW. ANY SUCH ASSETS NOT SO DISPOSED OF SHALL BE DISPOSED OF BY THE CHANCERY COURT OF THE COUNTY IN WHICH THE DOMICILE OF THE CORPORATION IS THEN LOCATED.

The date of each amendment(s) adoption: 08/18/2017, 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 08/18/2017

Signature Sherril A. Jackson
(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)

SHERRI A JACKSON

(Typed or printed name of person signing)

INCORPORATOR/ DIRECTOR

(Title of person signing)