## N17DDDD11489

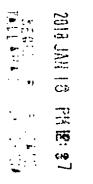
(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	THIS PLACE MATT			
DOCUMENT NUMBER:	N17000011489		_	
The enclosed Articles of Am	endment and fee are submi	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
CHRISTOPHER W. WICH	KERSHAM JR., ESQ.			
		Name of Contact Per	son)	
LAW OFFICES OF C. W.	WICKERSHAM JR., P.A	١.		
		(Firm/ Company)		
2720 PARK STREET, SU	ITE 205			
		(Address)		
JACKSONVILLE, FLORIE	DA 32205			
	(1	City/ State and Zip C	ode)	
email@chriswickersham.d	com			
E	-mail address: (to be used f	or future annual repo	rt notification	
For further information conc	erning this matter, please ca	all:		
Kimberly Pryor			(904)	465-4630
	(Name of Contact Person)			(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 & C Certificate of Status		Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is esed)
P.O. Box (	nt Section f Corporations	Amo Divi Clif	et Address endment Secti ision of Corpo ton Building I Executive C	orations

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

THIS PLACE MATTERS FOUR, INC.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	<del></del>
N17000011489		
(Document Numl	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation add	opts the following
A. If amending name, enter the new name of the corporat	tion:	
		The new
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "C	Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>		
		<del>.</del>
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	28
		<u> </u>
D. If amending the registered agent and/or registered offi	ice address in Florida, enter the name of the	- 72
new registered agent and/or the new registered office:		<u>1</u>
		149
Name of New Registered Agent:		
-	(Florida street address)	
New Registered Office Address:		
	, Florida _	
	(City) (Zip Co	ode)
New Registered Agent's Signature, if changing Registered	l Agent:	
hereby accept the appointment as registered agent. I am fa		sition.
	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 X Remove X Add	<u>V</u> <u>Mi</u>	n <u>n Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DT	GLORIA DEVAL	2021 WALNUT STREET
Add			JACKSONVILLE, FL 32206
X Remove			
2) Change	-		
Add			
Remove			
3) Change			
Add			
Remove			· ———
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)	•				
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JANUARY 2, 20	18
The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 de	rys after amendment file date)
Note: If the date inserted in this block does not meet the application of State's records to the Department of State's records	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and was/were sufficient for approval.	the number of votes cast for the amendment(s)
There are no members or members entitled to vote on the adopted by the board of directors.	amendment(s). The amendment(s) was/were
Dated JANUARY 2, 2017	<del>)</del>
Signature KMDUU (1 F	un
	ne bound, president or other officer-if directors ator if in the hands of a receiver, trustee, or fiduciary)
KIMBERLY A. PRYOR	
(Typed or p	printed name of person signing)
PRESIDENT, DIRECTOR	
<del></del>	(Title of person signing)