## N19000001Z07

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## COVER LETTER

TO: Amendment Section Division of Corporations

The Jae Jack NAME OF CORPORATION:	son Childhood Cance	er Foundation	. Inc.		
DOCUMENT NUMBER: N19000001207					
The enclosed Articles of Amendment and fee	are submitted for fili	пg.			
Please return all correspondence concerning t	his matter to the follo	owing:			
Dee Jackson					
	(Name of Co	ontact Person)			
The Jac Jackson Childhood Cancer Foundation	on, Inc.				
	(Firm/ C	Сотрапу)			
2481 Luten Road					
	(Ad	dress)			
Quincy. Florida 32352					
	(City/ State	and Zip Code	)	· · · · · · · · · · · · · · · · · · ·	
dee@jacksoncapital.org					
E-mail address: (to	be used for future ar	nnual report n	otification	1)	
For further information concerning this matte	r, please call:				
Dec Jackson		850 at		228-0856	
(Name of Contac	t Person)		a Code)	(Daytime Telephone Number)	,
Enclosed is a check for the following amount	made payable to the	Florida Depai	tment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of		Copy at copy is	Certifi Certifi	Filing Fec cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		Street Address Amendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

The Jae Jackson Childhood Cancer Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N19000001207 (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: The Jae Jackson Foundation, Inc. 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: , Florida j (Zip Code) (City) 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: XChange X Remove X Add	PT         John D           V         Mike Jo           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	Director	Sam Carter	2481 Luten Road Quincy, Florida 32352
Remove			
2) Change Add	Director	Misha Brooks-Black	2481 Luten Road Quincy, Florida 32352
Remove 3) Remove Add Remove	<del></del>		
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she		icles, enter change(s) here: (Be specific)	
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			· · · · · · · · · · · · · · · · · · ·

	, <u> </u>
The date of each amendment(s) adopti date this document was signed.	on:, if other than the
Effective date if applicable:	
Ellective date il applicable:	(no more than 90 days after amendment file date)
	ses not meet the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopte	dheath and the market of the second of the s
was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

**Executive Director** 

(Title of person signing)

(Typed or printed name of person signing)