N20 000 007 422

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #	(#)
<u></u>	☐ WAIT	MAIL MAIL
(Bu	isiness Entity Name	2)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
,	J. HORNE	
J	JAN 1 1 2023	





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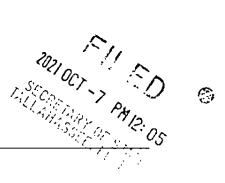
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	Treasure Coast Reso	ource Center, Inc.				
	N20000007422					
DOCUMENT NUMBER:						_
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.				
Please return all correspond	lence concerning this matt	ter to the following:	:			
Glenda Dehye						
		(Name of Contact	Person)		
Services To The Max, Inc.						
	·	(Firm/ Compa	any)			_
10151 Deerwood Park Blv	d, Bldg 200, Ste 250, #14	93				
		(Address))			
Jacksonville, FL 32256						
	** **	(City/ State and Z	ip Code)		
services2dmax@gmail.com	n					
" ""	E-mail address: (to be use	d for future annual	report n	otification	n)	_
For further information con	cerning this matter, please	e call:				
Glenda Dehye			772 at		267-2587	
	(Name of Contact Person		(Are	a Code)	(Daytime Telephone Number)	
Enclosed is a check for the	following amount made p	ayable to the Florid	da Depa	rtment of	State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing For Certified Copy (Additional cope enclosed)		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Amondo		;		Address	ian	

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

Articles of Amendment to Articles of Incorporation of



Freasure Coast Resource Center, Inc.		1907-97 6 C
Name of Corporation as currently filed with the l	lorida Dept. of State)	
N20000007422		•
(Docume	nt Number of Corporation (if knows	1)
Pursuant to the provisions of section 617.1006, Floric amendment(s) to its Articles of Incorporation:		ofit Corporation adopts the following
A. If amending name, enter the new name of the c THE COMMUNITY RESOURCE CENTER, INC.	orporation:	
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name	corporation" or "incorporated" or	The new the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable	10151 Deerwood Park Bl	vd
(Principal office address MUST BE A STREET AD		93
	Jacksonville, FL 32256	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX) PO Box	
	Jacksonville, FL	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		er the name of the
Name of New Registered Agent:	Services To The Max, Inc.	
1	0151 Deerwood Park Blvd., Bldg 2	00, Suite 250, #1493
New Registered Office Address:	(Florida	street address)
J	acksonville	. Florida 32256
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		obligations of the position.
_	Signature of New Assessment	Agant 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 = Chie
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>PT</u> <u>Y</u> <u>SV</u>	John Do Mike Jo Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change Add		-		
Remove				
2) Change Add				
Remove 3) Remove Add Remove		-		
4) Change Add		-		
Remove				
5) Change Add		_		
Remove				
6) Change Add	-	_		
Remove				
E. If amending or addin (attach additional shee			icles, enter change(s) here: (Be specific)	
	-	-		

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•	· · · · · · · · · · · · · · · · · · ·
	
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The date of each amendment(s) adoption:date this document was signed.	if other than the
Effective date if applicable	
Effective date if applicable: (no more	than 90 days after amendment file date)
Note: If the date inserted in this block does not me document's effective date on the Department of Sta	et the applicable statutory filing requirements, this date will not be listed as the te's records.
Adoption of Amendment(s) (CHEC	K ONE)
The amendment(s) was/were adopted by the m was/were sufficient for approval.	nembers and the number of votes cast for the amendment(s)

٠	Datad	October 4, 2022
	Dated	
	Signature	
	_	(By the chairman or vice chairman of the board, president or other officer-if directors
		have not been selected, by far incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
		Glenda Dehye
		(Typed or printed name of person signing)

(Title of person signing)