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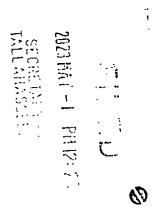
| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| J. HORNE                                |
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

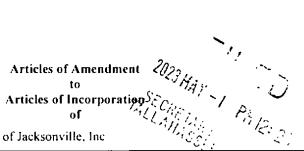
Tallahassee, FL 32314

| Mount Olive Cor<br>NAME OF CORPORATION:                     | mmunity Developme       | ent Corporation of              | Jacksonville, Inc                                                  |
|-------------------------------------------------------------|-------------------------|---------------------------------|--------------------------------------------------------------------|
| DOCUMENT NUMBER:                                            |                         |                                 |                                                                    |
| The enclosed Articles of Amendment and fee are              | submitted for filing.   |                                 |                                                                    |
| Please return all correspondence concerning this n          | natter to the following | ıg:                             |                                                                    |
| Verna Reed                                                  |                         |                                 |                                                                    |
| ·                                                           | (Name of Conta          | ct Person)                      |                                                                    |
| Mount Olive Community Development Corporati                 | on of Jacksonville, I   | nc                              |                                                                    |
|                                                             | (Firm/ Con              | pany)                           |                                                                    |
| 841 Franklin Street                                         |                         |                                 |                                                                    |
| -                                                           | (Addre:                 | is)                             | -*                                                                 |
| Jacksonville, FL 32206                                      |                         |                                 |                                                                    |
|                                                             | (City/ State and        | Zip Code)                       | <u></u> -                                                          |
| mtolive150@gmail.com                                        |                         |                                 |                                                                    |
| E-mail address: (to be                                      | used for future annu    | al report notificati            | 011)                                                               |
| For further information concerning this matter, ple         | ease call:              |                                 |                                                                    |
| Verna Reed                                                  |                         | 904<br>at                       | 994-8326                                                           |
| (Name of Contact Per                                        | rson)                   |                                 | (Daytime Telephone Number)                                         |
| Enclosed is a check for the following amount mad            | le payable to the Flo   | rida Department o               | f State:                                                           |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of State |                         | y Cert<br>opy is Cert<br>(Add   | 50 Filing Fee ificate of Status ified Copy litional Copy is losed) |
| Mailing Address  Amendment Section                          |                         | Street Address<br>Amendment Sec | vion                                                               |
| Division of Corporations                                    |                         | Division of Cor                 |                                                                    |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



Mount Olive Community Development Corporation of Jacksonville, Inc.

| (Name of Corporation as currently filed with the Flor<br>N22000010210                                           |                                          |                                             |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------|
|                                                                                                                 |                                          | <u> </u>                                    |
| (Document N                                                                                                     | lumber of Corporation (i                 | f known)                                    |
| Pursuant to the provisions of section 617,1006, Florida S amendment(s) to its Articles of Incorporation:        | tatutes, this <i>Florida Not</i>         | For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corp                                                             | ooration:                                |                                             |
| Mount Olive Community Cultural Center, Inc.                                                                     |                                          | The new                                     |
| name must be distinguishable and contain the word "cor<br>"Company" or "Co." may not be used in the name.       | poration" or "incorpore                  |                                             |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR           | ESS)                                     |                                             |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )                 |                                          |                                             |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of         |                                          | ida, enter the name of the                  |
| Name of New Registered Agent:                                                                                   |                                          | <u></u>                                     |
| New Registered Office Address:                                                                                  |                                          | (Florida street address)                    |
|                                                                                                                 |                                          | , Florida                                   |
|                                                                                                                 | (City)                                   | (Zip Code)                                  |
| New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. It is | tered Agent:<br>um familiar with and acc | ept the obligations of the position.        |
|                                                                                                                 | Signature of New Re-                     | vistered 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> .                  | ohn Doe<br>Mike Jones<br>Bally Smith                       |         |
|----------------------------------------------------|-----------------------------|------------------------------------------------------------|---------|
| Type of Action<br>(Check One)                      | Title                       | <u>Name</u>                                                | Address |
| 1) Change Add                                      |                             |                                                            |         |
| Remove                                             |                             |                                                            |         |
| 2) Change Add                                      |                             |                                                            |         |
| Remove 3) Change Add Remove                        |                             |                                                            |         |
| 4) Change Add                                      |                             |                                                            |         |
| Remove                                             |                             |                                                            |         |
| 5) Change Add                                      | <del></del>                 |                                                            |         |
| Remove                                             |                             |                                                            |         |
| 6) Change Add                                      |                             |                                                            |         |
| Remove                                             |                             |                                                            |         |
| E. If amending or addir<br>(attach additional shee | g addition<br>ts, if neces: | al Articles, enter change(s) here:<br>sary). (Be specific) |         |
| 13/13                                              |                             | -                                                          |         |
|                                                    |                             | ······································                     |         |
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|                                                                                                                                                                                          |                     |
|                                                                                                                                                                                          |                     |
| The date of each amendment(s) adoption:                                                                                                                                                  | , if other than the |
| 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 need document's effective date on the Department of State's records. | ot be listed as the |
| 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 membadopted by the boa                                                                                                                                                                                          | pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors. |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|--|--|
| Dated                                                                                                                                                                                                                        | April 22, 2023                                                                                    |  |  |  |
| Signature                                                                                                                                                                                                                    | Verna Rece                                                                                        |  |  |  |
| (By the chairman or vice chairman of the board, president or other officer-if did<br>have not been selected, by an incorporator – if in the hands of a receiver, trust<br>other court appointed fiduciary by that fiduciary) |                                                                                                   |  |  |  |
|                                                                                                                                                                                                                              | Verna Reed                                                                                        |  |  |  |
|                                                                                                                                                                                                                              | (Typed or printed name of person signing)                                                         |  |  |  |
|                                                                                                                                                                                                                              | Director                                                                                          |  |  |  |
|                                                                                                                                                                                                                              | (Title of person signing)                                                                         |  |  |  |