N23000005993

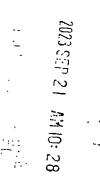
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to Fil	ing Officer:	

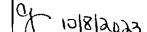




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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

NAME OF CORPORATION: $_$		onomic Development	Corporation	
			-	
DOCUMENT NUMBER: N2300				
The enclosed Articles of Amendmo	ent and fee are subm	nitted for filing.		
Please return all correspondence co Sandra C Kahle	oncerning this matte	r to the following:		
		Name of Contact Pe	rson)	
Northeast Florida Economic Devel			·	
- 44-		(Firm/ Company)	
6137 Kingsley Lake Dr				
	· · · · · · · · · · · · · · · · · · ·	(Address)		.,
Starke, FL 32091				
	(City/ State and Zip C	Code)	"
sckgator@icloud.com				
E-mail a	iddress: (to be used	for future annual rep	ort notification)
For further information concerning	this matter, please	call:		
Sandra C Kahle		at	904	838-6446
(Name	of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the followi	ng amount made pa	yable to the Florida (Department of	State:
□ \$35 Filing Fee ■\$43 Ce	3.75 Filing Fee & 1 rtificate of Status		Certifi Certifi	ed Copy ional Copy is
Mailing Addres Amendment Sec Division of Corp	tion	Am	eet Address endment Sectivision of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

Northeast Florida Economic Development Corporation

(Name of Corporation as currently filed with the	Florida Dept. of State)	2023 SEP 21 AH 10: 28
N23000005993		, c
(Docum	ent Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006. Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical	nle:	
(Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	BOX) N/A	
D. If amending the registered agent and/or registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:	N/A	
	(Flo	orida street address)
New Registered Office Address:		
	N/A	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		the obligations of the position.
	Signature of New Registe	ered 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	PT John Do V Mike Jo SV Sally Sn	<u>enes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>PD</u>	Kahle, Sandra C	
Remove			
2) Change Add	VD	Milner Jr., Robert W.	1417 Debra St. Starke, FL. 32091
Remove 3) Remove x Add Remove	<u>SD</u>	Shaw Jr., Raiph Lamar	6299 Seminole St Starke Fl., 32091
4) Change Add	TD	Evans, Patricia D	17148 NE 5th Ave Starke, FL, 32091
Remove 5) Change	D	Weaver, Dean	PO Box 310
× Add			Keystone Heights, FL 32658
6) Change	D	Shepherd, Amber	1196 N CR 315
× Add			Melrose, FL 32666
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

•••		
		
•		
		 _
		·
		
		
		
The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date if applicable:	no more than 90 days after amendment file date)	
(7)	n more than 90 days after amenament file date;	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not it of State's records.	be listed as the
Adoption of Amendment(s) ((CHECK ONE)	
☐ The amendment(s) was/were adopted b was/were sufficient for approval.	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.					
· Dated 9/18/23					
Signature (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)					
Sandra C Kahle					
(Typed or printed name of person signing)					
President/Director					
(Title of person signing)					