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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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IALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| NAME OF CORPORATION: First Coast Junior Rollers, Inc. |
| DOCUMENT NUMBER: N 24 0 0 0 0 0 5 0 9 8 |
| The enclosed Articles of Amendment and fee are submitted for filling. |
| Please return all correspondence concerning this matter to the following: |
| LISA LINDS EY (Name of Contact Person) |
| |
| First Coast Junior Rollers, Inc. |
| · · · · · · · · · · · · · · · · · · · |
| 29 Walkers Ridge Drive |
| Ponte Vedra Beach, FL 32082 |
| (Chy man and Chy Charles) |
| 1 elinds ey 1 e yahoo; com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| LISA LINDS EX (Name of Contact Person) at 301-467-4074 (Cell) |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| S35 Filing Fee |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1. 32303 |

Articles of Amendment to

| FILED | |
|-------------------|----|
| 2024 OCT -4 PM 3: | 15 |

Articles of Incorporation (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: 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 affaress) New Registered Office Address: , Florida _ (Cirv) (Zip Code) 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 os a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X.Change X.Remove X.Add | PT John D V Mike J SV Sally S | ones | |
|------------------------------------|---|---|---|
| Type of Action (Check One) | Title | Same (Beth) | <u>Addres</u> s |
| 1) Change Add | <u>T</u> | Elizabeth Angelo | 11504 Scagemerre Dr. E Jackson rille, FL-32223 |
| (Remove) 2) Change Add | <u>VP</u> | Michael Vaughan | 11504 Sedgemorre Dr. E Tocksonville, FL 3.2223 |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove 5) Change Add Remove | | | |
| 6) Change Add | | | |
| E. If amending or additional sheet | | icles, enter change(s) here: (Be specific) | |
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| 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) | |
| 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 but of State's records. | e listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopted by 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 $\frac{Q}{12/24}$ |
| Signature |
| (By the chairman or vice chairman of the board, president of other officer-if directors have not been selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiductary by that fiduciary) |
| Lisa Lindsey |
| (Typed or printed name of person signing) |
| President |
| (Title of person signing) |

FILED

2024 OCT -4 PM 3: 15

TALLAHASSEE. FLORIDA