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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	ER PROGRAM OF ST. JOHNS COUNTY, INC.
N28726 DOCUMENT NUMBER:	
The enclosed <i>Articles of Amendment</i> and fee are submitted for fil	ling.
Please return all correspondence concerning this matter to the following	-
Richard Brooks II, Esq.	
(Name of C	Contact Person)
St. Augustine Law Group. PA	
(Firm/	Company)
2740 US HWY 1 S	
(Ad	ddress)
St. Augustine, F1, 32086	
(City/ State	and Zip Code)
rich@staugustinelawgroup.com	
E-mail address: (to be used for future a	innual report notification)
For further information concerning this matter, please call:	
Richard Brooks	90-4 990-7777 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certified (Addition enclosed)	Copy Certificate of Status nal copy is Certified Copy

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

FILED

RETIRED SENIOR VOLUNTEER PROGRAM OF ST. JOHNS COUNTY, INC.

2021 JUL - 1 AM 11: 23

(Name of Corporation as currently filed with the Florida Dept. of State) N28726 SECRETARY OF STATE

(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida Statu-amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	The new ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2740 US HWY 1 S
(Principal office address MUST BE A STREET ADDRESS	St. Augustine, FL 32086
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 2096
	St. Augustine, FL 32085
D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fa	unitiar with and accept the obligations of the position.
S	ignature 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:

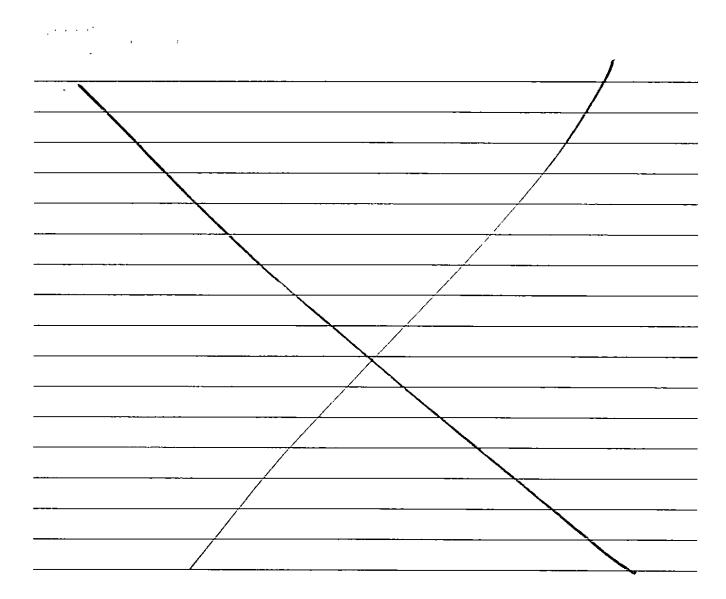
(Attach additional sheets, if necessary)

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 Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>P</u> , D	Ashlev Mitchell	10 Hildreth Dr. St. Augustine, Fl. 32084
2) Change Add	VP. D	Richard Brooks II	2740 US 1 S St. Augustine, FL 32086
Remove 3 ) Change Add Remove	D	Fletcher Hallet	34 Cordova St. St. Augustine, FL 32084
4) Change Add	D,T	Sean Guldi	10 Professional Dr. #101
<ul> <li>X Remove</li> <li>5) X Change Add</li> <li> Remove</li> </ul>	<u>D, P</u>	Steve Sivver	Ponte Vedra Beach, FL 32082  3293 Hodges Blvd.  Jacksonville, FL 32224
	D.T	Richard L Waler III	100 Waler Way St. Augustine, FL 32086
	g additional Artic s, if necessary).	eles, enter change(s) here: (Be specific)	



The date of each amendment(s) adoption: _	06/25/2021	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	more than 90 days after amendment file date)	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

3	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  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)
	Richard I. Brooks II
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)