

739945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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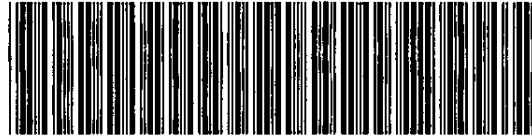
(Business Entity Name)

(Document Number)

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SEP 13 2016
10:00 AM

2016 SEP -6 P 1:45

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T. LEMIEUX

SEP 13 2016

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Safety Shelter of St. Johns County, Inc. DBA: Betty Griffin House

DOCUMENT NUMBER: N39945

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joyce Mahr

(Name of Contact Person)

Safety Shelter of St. Johns County, Inc. DBA: Betty Griffin House

(Firm/ Company)

1375 Arapaho Ave.

(Address)

St. Augustine, FL 32084

(City/ State and Zip Code)

JoyceM@bettygriffincenter.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joyce Mahr

904

808-8544

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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of**

Safety Shelter of St. Johns County, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N39945

(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:

Safety Shelter of St. Johns County, Inc. :

The new

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**)

Not Applicable

Not Applicable

Not Applicable

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Not Applicable

Not Applicable

Not Applicable

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:

Not Applicable

Not Applicable

New Registered Office Address:

(Florida street address)

Not Applicable

(City)

Not Applicable

Florida
(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

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2018 OCT -6 PM 1:46
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>P</u>	<u>John Whitesell</u>	<u>113 Graft Lane</u>
<u> </u> Add			<u>St. Augustine, FL 32084</u>
<u>X</u>			
<u> </u> Remove			
2) <u>X</u> Change	<u>P</u>	<u>Julia McLaughlin</u>	<u>103 Richmond St.</u>
<u> </u> Add			<u>St. Johns, FL 32259</u>
<u> </u> Remove			
3) <u> </u> Change	<u>S</u>	<u>Jennifer Blay</u>	<u>156 Brays Island Rd.</u>
<u> </u> Add			<u>St. Augustine, FL 32092</u>
<u>X</u>			
<u> </u> Remove			
4) <u> </u> Change	<u>V</u>	<u>Severino Tamayo</u>	<u>3 Reidel Lane</u>
<u>X</u>			<u>Palm Coast, FL 32164</u>
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change	<u>S</u>	<u>Tiffany Hunter</u>	<u>2220 Blackstone Way</u>
<u>X</u>			<u>St. Augustine, FL 32092</u>
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

1. All listed as Betty Griffin House shall be changed to Betty Griffin Center.

2. All listed as Director shall be changed to Board Member.

3. All listed as President shall be changed to Board Chair.

4. All listed as Vice President shall be changed to Vice Chair.

5. In section 7, Regular and Annual Meetings, second sentence will change from: An Annual meeting of the Board of
(Directors shall be held at such time as the Board shall designate during the month of June each year.) to now shall read:
(An Annual Meeting of the Board of Directors shall be held at such time as designated by the Board of Directors.)