

1149429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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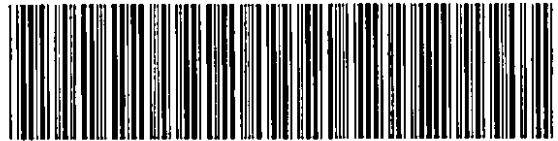
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 31 2018

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CONNECTIONS JOB DEVELOPMENT PROGRAM, Inc

DOCUMENT NUMBER: N49429

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

Please return all correspondence concerning this matter to the following:

MS. KIM NEWGARD,  
(Name of Contact Person)

CONNECTIONS JOB DEVELOPMENT PROGRAM, Inc.  
(Firm/ Company)

P.O. Box 1260  
(Address)

NEW PORT RICHEY, FL. 34656  
(City/ State and Zip Code)

knewgard@connectionsjobdevelopment.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Corey, (Board President) at 813-215-8950  
(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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 16, 2018

KIM NEWGARD  
P.O. BOX 1260  
NEW PORT RICHEY, FL 34656

SUBJECT: CONNECTIONS JOB DEVELOPMENT CORP.  
Ref. Number: N49429

We have received your document for CONNECTIONS JOB DEVELOPMENT CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Non-profit corporation the document you sent in is for a Profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 418A00014590

Articles of Amendment  
to  
Articles of Incorporation  
of

CONNECTIONS JOB DEVELOPMENT CORP.

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

N49429

(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:

N/A 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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A.

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: KIM NEWGARD

5841 MAIN ST

(Florida street address)

New Registered Office Address:

NEW PORT RICHEY, Florida

(City)

34652

(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.

Kim Newgard

Signature of New Registered Agent, if changing

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CLERK OF STATE  
TALLAHASSEE, 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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- 1) ☐ Change  
☐ Add  
☒ Remove  
D ANN WILKINSON Po Box 1260  
NEW PORT RICHEY  
FL. 34656
- 2) ☐ Change  
☒ Add  
☐ Remove  
D KIM NEWGARD P.O. Box 1260  
New Port Richey  
FL. 34656
- 3) ☐ Change  
☒ Add  
☐ Remove  
D RANNE JOHNS, J.D. P.O. Box 1260  
New Port Richey  
FL. 34656
- 4) ☐ Change  
☒ Add  
☐ Remove  
D RICK CASEY P.O. Box 1260  
New Port Richey  
FL. 34656
- 5) ☐ Change  
☐ Add  
☒ Remove  
D DEBORAH ASHLEY P.O. Box 1260  
New Port Richey  
FL. 34656
- 6) ☐ Change  
☐ Add  
☐ Remove

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

N/A

The date of each amendment(s) adoption: 6-25-2018, if other than the date this document was signed.

Effective date if applicable: 6-25-2018  
(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 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.

☐ 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 7-23-2018

Signature Sheila Krautner  
(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)

SHEILA KRAUTNER  
(Typed or printed name of person signing)

BOARD SECRETARY  
(Title of person signing)