(Requestor's Name)
(Address)
· (Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
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# **COVER LETTER**

TO: Amendment Section Division of Corporations

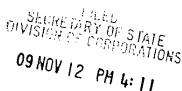
Tallahassee, FL 32314

NAME OF CORPO	RATION: Jacksonville S	chool o	f Bridge	, Inc.	
DOCUMENT NUM	IBER: N50047				
The enclosed Article	s of Amendment and fee are sub	mitted for	filing.		
Please return all corr	espondence concerning this matt	ter to the f	ollowing:		
	***	frey Cro		······	
	(Name of	Contact P	erson)		
	Jacksonville S		· · · · · · · · · · · · · · · · · · ·	nc.	
	(Firm	/ Compan	y)		
<del></del>	3353 W	/ashbum	Rd.		
	(1	Address)			
	Jackson	ville, FL	32250		
<del></del>	(City/Sta	te and Zip	Code)		
	mandgx(				
	E-mail address: (to be use	d for futur	c annual re	port notification	n)
For further informati	on concerning this matter, please	e call:			
Geoffrey Cross		at (	904	261-3028	
(Name	e of Contact Person)		(Area Co	de & Daytime	Telephone Number)
Enclosed is a check	for the following amount made p	ayable to	the Florida	Department of	State:
☑\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing ied Copy tional copy sed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327				ent Section of Corporations	

2661 Executive Center Circle

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation



0	t	- 17 4:11				
Jacksonville School	of Bridge, Inc.					
(Name of Corporation as currently filed with the Florida Dept. of State)						
N50047	7					
(Document Number of Co	orporation (if known)					
Pursuant to the provisions of section 617.1006, Florida Sthe following amendment(s) to its Articles of Incorporation		Corporation adopts				
A. If amending name, enter the new name of the corp	ooration:					
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." r		rated" or the				
B. Enter new principal office address, if applicable:		<del></del>				
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u> )					
		<del> </del>				
C. Enter new mailing address, if applicable:						
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	)					
	***************************************					
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		he name of the				
new registered agent and/or the new registered of	nce address.					
Name of New Registered Agent:	<del></del>					
New Registered Office Address:	(Florida street address)					
	, F	lorida				
	(City)	(Zip Code)				
New Registered Agent's Signature, if changing Regis						
I hereby accept the appointment as registered agent. position.	I am familiar with and accept th	ne obligations of the				
Signature	of New Registered Agent, if changing	ng				

# 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Pres</u>	Shirley Seals	Marsh Point Landing Ponte Vedra Beach, FL32082	☐ Add ☑ Remove
Treas	Terry Smith	2254 Clemson Road  Jacksonville, FL 32217	☐ Add ☑ Remove
<u>VP</u>	John Rufi	2279 Emilys Way Green Cove Springs, FL 32043	☐ Add ☑ Remove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
			TV TWO ST. V

## Further Changes to Officers and Directors

Secretary

Alexa Streeter

REMOVE

4332 Chelsea Harbor Dr W Jacksonville, FL 32224

**President** 

**Geoffrey Cross** 

**ADDITION** 

4712 Yachtsman's Dr

Fernandina Beach, Fl 32034

Vice President

John Brady

**ADDITION** 

6155 Riviera Manor Drive

Jacksonville, 32216

Treasurer

**Brian Gunnell** 

**ADDITION** 

125 Calle El Jardin

St Augustine, FL 32095

Secretary

Bonnie Clutterbuck

1453 Harrington Pk Jacksonville, FL 32225 **ADDITION** 

The date of éach amendmen	t(s) adoption: October 22, 2009
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated Nov	rember 9, 2009
Signature _	Cland
	y the chairman or vice chairman of the board, president or other officer-if director
	we not been selected, by an incorporator – if in the hands of a receiver, trustee, of
oth	ner court appointed fiduciary by that fiduciary)
	Geoffrey Cross
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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