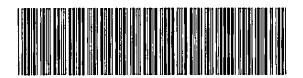
N94 COOCC5075





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COVER LETTER

TO: Amendment Section Division of Corporations

Point St. Johns NAME OF CORPORATION:	Community Association	ı, Inc.		
N9400005075 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	e submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Yvonne Duncan				
	(Name of Contact	Person)		
Point St. Johns Community Association				
	(Firm/ Compa	ıny)		
4386 Jiggermast Ave				
	(Address)			
Jacksonville, Florida 32277				
	(City/ State and Zi	p Code)		
yvonnereduncan@gmail.com				
E-mail address: (to be	used for future annual i	report notificat	ion)	
For further information concerning this matter, p	dease call:			
Yvonne Duncan		904 at	651-0505	
(Name of Contact P	erson)	(Area Code) (Daytime Telephone	Number)
Enclosed is a check for the following amount ma	ade payable to the Florid	a Department	of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta		Cer y is Cer (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)	
Mailing Address Amendment Section		Street Address Amendment Se		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Point St. Johns Community Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N94000005075 (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 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. 4386 Jiggermast Ave. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL. 32277 C. Enter new mailing address, if applicable: 4386 Jiggermast Ave (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 32277 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: Lois Juluke Name of New Registered Agent: 5471 Catspaw Lane (Florida street address) New Registered Office Address: Jacksonville (City) 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 as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add	V	_	Shafton Adams	5462 Cutwater Lane South Jacksonville, FL. 32277
* Remove				
2) Change Add	V	_	Greg Zoeller	4371 Jiggermast Ave Jacksonville, FL. 32277
Remove 3) Remove * Add Remove	<u>T</u>	_	David Willard	4433 Jiggermast Ave. Jacksonville, FL. 32277
4) Change Add	<u>S</u>	_	David Schoenbrum	4359 Jiggermast Ave. Jacksonville, FL. 32277
Remove 5) Change Add Remove		_		
6) Change Add		_		
E. If amending or addin (attach additional shee	ig additio	onal Artic	eles, enter change(s) here:	
(anach aaamona ance	, 9, 1,000		(Se specyto)	
N/A				

Adoption of Amendment(s)	(CHECK	ONE)			
Note: If the date inserted in the document's effective date on the	is block does not meet t	he applicable statutor		, this date will not b	oe listed as the
Effective date <u>if applicable</u> :	(no more the	an 90 days after amer	idment file date)		
The date of each amendment date this document was signed	(s) adoption: November . November 14, 2020	er 14, 2020			_, if other than the
					
		-	,		
	- 17 - T - 18 - 18 - 18 - 18 - 18 - 18 - 18				
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		 .			
					<u></u>

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	December 9, 2020
Dated	
Signatur	
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Yvonne Duncan
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)