## N9500000 326/

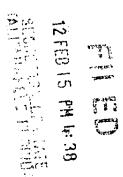
(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2012

PABLO RENEWAL IN DUVAL EAST CORPORATION P. O. BOX 50572 JACKSONVILLE BEACH, FL 32250

SUBJECT: PABLO RENEWAL IN DUVAL EAST CORPORATION

Ref. Number: N95000003261

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

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Letter Number: 412A00005646

## Articles of Amendifinent to Articles of Incorporation of

## PABLO RENEWAL IN DUVAL EAST CORPORATION

(Document Number of Corporation (if known)

(Name of Corporation as currently filed with the Florida Dept. of State) N9500003261

Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on: The new
name Aust be distinguishable and contain the word "corporat" Company or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	824 FIRST AVENUE SOUTH
Principal office address <u>MUST BE A STREET ADDRESS</u>	JACKSONVILLE BEACH, FL 32250

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 50572

JACKSONVILLE BEACH, FL 32250

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:

VALLIE M. HOLLOWAY

824 FIRST AVENUE SOUTH

(Florida street address)

New Registered Office Address:

**JACKSONVILLE BEACH** 

Florida <u>32250</u>

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am Jumiliar with and accept the obligations of the position.

gnature of New Registered Agent, if changing

Page 1 of 4

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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change X Add Remove	<u>P</u>	VALLIE M. HOLLOWAY	824 FIRST AVENUE SOUTH JACKSONVILLE BEACH, FL 32
2) Change Add Remove	<u>р</u>	JOE LORETTA	930 1ST AVENUE SOUTH JACKSONVILLE BEACH, FL 32
Change Add Remove	<u>s</u>	BOBBY LEE RAMSEY	811 LINCOLN CT JACKSONVILLE BEACH, FL 32
4)ChangeAddRemove	D	JESSIE GATES	623 5TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32
5) Change Add Remove	<del></del>		
6) Change Add Remove	<del></del>		

(attach additional sheets, if necessary). (Be specific)				
Said organization is organized exclusively for charitable, religious, educational, and scientific purposes,				
including the making of distributions to organizations that qualify as exempt organization under section 501 (c) (3) of				
Internal Revenue Code or corresponding section of any future federal tax code.				

The date of each amendment(s) adoption:	1/29/12
Effective date if applicable: 1/29/12	
	o more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)
There are no members or members entity adopted by the board of directors.	lled to vote on the amendment(s). The amendment(s) was/were
Dated 2/1/12 Signature	m. Hallow
(By the chairman or what have not been select	vice chairman of the board, predident or other officer-if directors ed, by an incorporator – if in the lands of a receiver, trustee, or d fiduciary by that fiduciary)
Dr. Vallie M. Ho	olloway
(Typed	or printed name of person signing)
President	
(Title o	of person signing)