N9600003631

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COVER LETTER

TO: Amendment Section Division of Corporations

RIVER CITY SIN	GLES CLUB, INC.		
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
·	_		
Please return all correspondence concerning this ma	tter to the following:		
BARBARA A WELL	MAN		
	(Name of Contact Perso	n)	
	(Firm/ Company)		
196 LIGE BRANCH I	LN		
	(Address)		
ST. JOHNS, FL 32259			
	(City/ State and Zip Cod	e)	
welmanb@bellsouth.ne	t		
E-mail address: (to be us	ed for future annual report	notification)	
For further information concerning this matter, pleas	se call:		
BARBARA A WELLMA	N 90	4-230-6206	
(Name of Contact Person	on) (A	rea Code) (Daytime Telephone	Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:	
\$35 Filing Fee Securificate of Status	& □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address		Address	
Amendment Section		Iment Section	
Division of Corporations	Livign	on of Corporations	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF COMPORABLES.

2017 JAN -6 PM 2: 49

RIVER CITY SINGLES CLUB, INC.

(Name of Corporation as current	ly filed with the Flori	da Dent, of State)
N96000003631	ly liled with the 2 lot.	y a bepti of otate
(Document Number	er of Corporation (if kn	nown)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	DB:	
RIVER CITY DANG	CE CLUB, INC.	The new
name must be distinguishable and contain the word "corporati "Company" or "Co," may not be used in the name.	ion" or "incorporated	
B. Enter new principal office address, if applicable:	1501 HENDRICKS AVENUE	
(Point of all office address MUST DE A STREET ADDRESS)	JACKSONVILLE, FI	. 32207
	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	196 LIGE BRANCH	LN
	ST. JOHNS, FL 32259	9
D. If amending the registered agent and/or registered office		enter the name of the
new registered agent and/or the new registered office ac	<u>ldress:</u>	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		121awida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A language land land land land land land land land		the obligations of the position.
 		ored Agant 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>V</u> <u>Mil</u>	n Doe te Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u>	ROBERT GARCIA	2779 HIDDEN VILLAGE DR
X Add			JACKSONVILLE, FL 32216
Remove			
2) Change	P	BARBARA A. WELLMAN	196 LIGE BRANCH LN
Add			ST JOHNS, FL 32259
X Remove			
3) Change	T	DONA P. ANTONIELLO	1402 KETTING WAY
Add			ORANGE PARK, FL 32073
X Remove			
4) Change	Т	BARBARA A. WELLMAN	196 LIGE BRANCH LN
X Add			ST JOHNS, FL32259
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
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Th.	, data of each amountment(-) adam	DECEMBER 9, 2016	i Cashanshan sha
	e date of each amendment(s) adop this document was signed.	пои:	ocche TARY Ut a All
r ee	active data if applicable.	JANUARY 1, 2017	HVISION OF CORPORATE
CIII	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	2017 JAN - 6 PM 2: 49
	te: If the date inserted in this block nument's effective date on the Depar	does not meet the applicable statutory filing requirement transfer of State's records.	nts, this date will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for th	e amendment(s)
	There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendmen	t(s) was/were
	Dated JANUARY 4,	2017	/
	Signature	rbuen a Willman	
	have not been	n or vice chairman of the board, president or other officelected, by an incorporator — if in the hands of a receive ointed fiduciary by that fiduciary)	
	BARBARA	A. WELLMAN	
		(Typed or printed name of person signing)	
	TREASURI	ER	
		(Title of person signing)	