N98000000736

(Re	equestor's Name)	· ·
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
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Amend

TR 11/2/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: West Duval	Youth Association, Inc.	
DOCUMENT NUMBER: N98000000736		
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Candace Rutledge (Name	of Contact Person)	
WDYA	irm/ Company)	
P. O. Box 14749	(Address)	
` •	State and Zip Code)	
For further information concerning this matter,	, please call:	
Candace Rutledge (Name of Contact Person)	at (904) 771-310 (Area Code & Daytime	
Enclosed is a check for the following amount r	made payable to the Florida Dep	artment of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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 Ci	rcle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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TO SEC. NO.	" KEN
TALECHE TAKE	S AN
. 743.4 SE	10, 8, 3, E.S.
	10016

West Du	ıval Youth Asso	ociation, Inc.	1605/
(Name of Corporation as c			ate)
	N980000007	'36	ţ
(Document	Number of Corporati		
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of	of Incorporation:		Profit Corporation adopts
A. If amending name, enter the new nam	ie of the corporation	<u>n:</u>	
The new name must be distinguishable an abbreviation "Corp." or "Inc." "Compan			corporated" or the
B. Enter new principal office address, if (Principal office address MUST BE A STR			
			
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	ible: FFICE BOX		
D. If amending the registered agent and/ new registered agent and/or the new r	or registered office	address in Florida, en	ter the name of the
Name of New Registered Agent:	Candace Ruti		
New Registered Office Address:	7973 Austin F	Roadda street address)	
	Jacksonville		, Florida_32244
		(City)	(Zip Code)
New Registered Agent's Signature, if cha			
I hereby accept the appointment as registence position.	Cand	familiar with and acce acc Rulle Registered Agent, if cha	dg

Page 1 of 3

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:			
	onal sheets, if necessary)	and/or Director being added.	
<u>Title</u>	Name	Address	Type of Action
D/T	Lesa Godbold	7408 Overland Park Blvd Jacksonville, FL 32244	☐ Add ☐ Remove
<u>D/V</u>	Christopher Godbold	7408 Overland Park Blvd. Jacksonville, FL 32244	Add Remove
P/D	Michael Daigle, Sr.	P. O. Box 14749 Jacksonville, Fl. 32244	Add Remove
	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specificational sheets)		
			
			
		<u> </u>	
 			
			

The date of each amendment	(s) adoption: October 30, 2008
Effective date <u>if applicable</u> :	(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	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated <u>Oct</u> o	Milul (1 P W Columnia)
(By hav	the chairman of vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator — if in the hands of a receiver, trustee, our court appointed fiduciary by that fiduciary)
	Michael Daigle, Sr. (Typed or printed name of person signing)
	President (Title of person signing)