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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: THE HOMESTEA	DER, FIRST COAST EDI	TION, INC.
DOCUMENT NUM	P04000170611		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Picase return all corre	espondence concerning this ma	tter to the following:	
	Ashton Scott		
		Name of Contact Person	n
	Tolson & Associates, P.A.		
		Firm/ Company	,
	462 Kingsley Ave. Ste. 101,		
		Address	·
	Orange Park, FL 32073		
		City/ State and Zip Cod	e
more	ethanink@comcast.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Ashton Scott		904 at (269-0050
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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		Street	Address

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 Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

•			
	Articles of A to Articles of Inc of	corporation	A THE STATE OF THE
THE HOMESTEADER, FIRST COAST	EDITION, INC.		14 M
(Name	of Corporation as current	ly filed with the Florida Dept. of State	E) 4
204000170611			
<u>-</u>	(Document Number o	of Corporation (if known)	
tursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the	following amendment(s) to
L. If amending name, enter the new n	nme of the corporation:		,
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or '	"Co". A professional corporation nan "P.A."	
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>		N/A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
). <u>If amending the registered agent ar</u> new registered agent and/or the ne			
Name of New Registered Agent	N/A		
	N/A		1 1
	(Florida st	reet address)	
New Registered Office Address:	N/A	, Florida	
		(City)	(Zip Code)
iew Registered Agent's Signature, if c hereby accept the appointment as regist			osition.
	Signature of New I	Registered Agent, if changing	

address of each Office (Attach additional shee Please note the officer, P = President; V= Vic Executive Officer; CF6 held. President, Treass Changes should be not a change, Mike Jones Mike Jones, V as Remo	er and/or lets, if neces /director til ce Presiden O = Chief urer, Direct ted in the followers leaves the o	Director being added: stary) the by the first letter of the office title: ht; T= Treasurer; S= Secretary; D= Director; T Financial Officer. If an officer/director holds n tor would be PTD. billowing manner. Currently John Doe is listed a	fficer/director being removed and title, name, and TR= Trustee; C = Chairman or Clerk, CEO = Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PD	JOHN CHRISTIANSEN	4850-101 COLLINS ROAD
Add			JACKSONVILLE, FL 32244
Remove			
2) X Change	TD	ISABEL CHRISTIANSEN	4850-101 COLLINS ROAD
Add			JACKSONVILLE, FL 32244
Remove			
X Change	v	PETERIOHN CHRISTIANSEN	4850-101 COLLINS ROAD
Add			JACKSONVILLE, FL 32244
Remove			1
4) Change	VD	AARON CANADAY	4850-101 COLLINS ROAD
X Add			JACKSONVILLE, FL 32244
Remove			1
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	,
ARTICLE IV	1
ACTICLE TV	1 1
THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE IS: 10,000	1 1
	7 7
	
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	<u> </u>
'. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	!
provisions for implementing the amendment if not contained in the amendment itself:	1
(if not applicable, indicate N/A)	
7 <u>A</u>	
	1
	<u></u>
	1
	<u>- </u>

	OCTOBER 1, 2017	i [
The date of each amendment(s)	adoption:	if oth	er than the
late this document was signed.		٦	
•		1	
Effective date <u>if applicable</u> :	CTOBER 1, 2017	1	
ettecdae date it abbucabie:	(no more than 90 days after amendment file date)	-; 	_
	(no more than 30 days after amenament file date)		
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be li	sted as the
Adoption of Amendment(s)	(CHECK ONE)	1 1	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.		
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):		
"The number of votes of	ast for the amendment(s) was/were sufficient for approval		
by		١	ı
•	(voting group)	ļ	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	1	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	i	
Dated	11/1/2017		
Signature	MICH	_	
(Bx)	director, president or other officer - if directors or officers have not been	_	
• //	cted, by an incorporator - if in the hands of a receiver, trustee, or other court	1	Ì
	pinted fiduciary by that fiduciary)	1	
-PF	·-··	1	1
	JOHN CHRISTIANSEN		:
	(Typed or printed name of person signing)	Ī	_
	PRESIDENT		
	(Title of person signing)		_