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10/14/10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	ACI Development Corpor	ation
DOCUMENT NUI	MBER:	P09000080205	
The enclosed Articl	es of Amendment and fee a	re submitted for filing.	
Please return all cor	respondence concerning thi	is matter to the following:	
	N	Mary L Overs	<u> </u>
	14	lame of Contact I erson	
		evelopment Corporation Firm/ Company	
		This company	
13136 Wexford Hollow Road North			
		Address	
_		cksonville, FL 32224	
	С	ity/ State and Zip Code	
	marylou E-mail address: (to be use	overs@gmail.com d for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
	Mary L Overs	at (904) 4	34-2400
Name o	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	tment of State:
□ \$35 Filing Fee		S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 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 Circ	le

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

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ACI Development Corp	ooration	PAIR OCT 12 PM 121 85
(Name of Corporation as currently filed with	the Florida Dept. of	State) Euro
P09000080205	SECRETARY OF STATE TALLAHASSEE. FLORIDA	
· (Document Number of Corpora	tion (if known)	- Internition
ursuant to the provisions of section 607.1006, Florida Statumendment(s) to its Articles of Incorporation:	ntes, this <i>Florida Proj</i>	fit Corporation adopts the following
If amending name, enter the new name of the corporation	on:	
		The new
ame must be distinguishable and contain the word "corbbreviation "Corp.," "Inc.," or Co.," or the designation "Came must contain the word "chartered," "professional assoc	Corp," "Inc," or "Co	". A professional corporation
. Enter new principal office address, if applicable:	115 Solana Roa	<u>d</u>
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite D	
	Ponte Vedra Bea	ach, FL 32082
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13136 Wexford i	Hollow Road North
	Jacksonville, FL	32224
. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac		enter the name of the
Name of New Registered Agent: Mary L Ove	rs	
13136 Wext	ford Hollow Road N	lorth
New Registered Office Address: (Flo	rida street address)	
Jacksonville		, Florida_32224
(City	<i>י</i>)	(Zip Code)
ew Registered Agent's Signature, if changing Registered . hereby accept the appointment as registered agent. I am fan		the obligations of the position.
11.	1 100	
- Ma	W L OVER w Registered Agent, if	ah angina
Signature of Nev	w Registereu Agent, IJ	ununging

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres	Mary L Overs	13136 Wexford Hollow Road N Jacksonville, FL 32224	✓ Add ☐ Remove
<u>VP</u>	Ronald R Overs	13136 Wexford Hollow Road N Jacksonville, FL 32224	☑ Add ☐ Remove
Pres	Mary L Bradshaw	193 Edge of Woods Road St Augustine, FL 32092	☐ Add ☑ Remove
(attach ad Article VII		s, enter change(s) here: le specific) he name change of the President, to her marriage on 9/19/2010 as w	ell as the
	•	Officer with the Title of Vice Presider	•
	·	out to reflect a physical move from	····
	of Woods Road, St Augustin		
		cksonville, FL 32224 as well as an a	additional office
		Ponte Vedra Beach, FL 32082.	idulional onice
F. If an ar	nendment provides for an exchan	nge, reclassification, or cancellation of iss	
•		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment	(s) adoption: 10/7/2010			
	(date of adoption is required)			
Effective date if applicable: • (no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.			
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):			
"The number of votes	cast for the amendment(s) was/were sufficient for approval			
by	(voting group)			
	(voting group)			
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder			
Dated_Octo	ber 7, 2010			
sele	May L Overs a 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 pointed fiduciary by that fiduciary)			
	Mary L Overs			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			