## P21000073606

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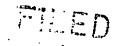
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: NATIONAL COM	MUNITY DEVELOPMEN	VT CORPORATION
DOCUMENT NUMBE			
	*Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
A	my N Shelton		
		Name of Contact Person	1
_		Firm/ Company	
10	0362 Oak Hill Rd		
_	<del></del>	Address	
G	len St Mary, FL 32040		
		City/ State and Zip Cod	c
ar	nys.emails@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
Amy N Shelton		904 at (	662-5003
Name of	Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



NATIONAL COMMUNITY DEVELOPMENT CORPORATION

(Name of Corporation as curren	ally Glad with the Plants New Confedential 7: 25
	nity med with the Florida Dept. 01-State3111 1. 35
21000073606	1905 tour 195 cares
(Document Number	of Corporation (if known) ALL AHAUSEE, FI
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen
If amending name, enter the new name of the corporation:	
/a	The new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
Enter new principal office address, if applicable:	n/a
Principal office address <u>MUST BE A STREET ADDRESS</u> )	
. Enter new mailing address, if applicable:	,
(Mailing address MAY BE A POST OFFICE BOX)	n/a
. If amending the registered agent and/or registered office ado	
new registered agent and/or the new registered office address	ss:
Name of New Registered Agent 11/13	
(Florida s	street address)
New Registered Office Address: n/a	Tilestate
New Registerea Office Adaress:	(City) , Florida, Florida
	icity tap chief
ew Registered Agent's Signature, if changing Registered Agen	nt:
hereby accept the appointment as registered agent. I am familiar	r with and accept the obligations of the position.

## Check if applicable

■ The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X_Change	<u>PT</u> <u>John</u>	n Doe		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	pres/dir	AMY N SHELTON	301 West Bay Street	
Add			Suite 1400	
X Remove			Jacksonville, FL 32202	
2) Change	dir/cfo	KEITH R ELLIOTT	301 West Bay Street	
Add			Suite 1400	
X Remove Change			Jacksonville, FL 32202	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<del></del>	470.4100		
Add				
Remove				
6) Change				
Add				
Remove				

n/a	ach additional sheets, if necessary). (Be specific)
	<del>7- 11-</del>
	<del></del>
<u> </u>	
	<del></del>
·	
F. <u>If a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>pr</u>	ovisions for implementing the amendment if not contained in the amendment itself:
· /	(if not applicable, indicate N/A)
n/a	

•

	n/a		
The date of each amendment(s date this document was signed.	) adoption:		, if other than the
	19/22/2023		
Effective date <u>if applicable</u> :			
	(no more than 90 de	ays after amendment file date)	
Note: If the date inserted in the document's effective date on the		de statutory filing requirements, this date w	vill not be fisted as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were action was not required.	adopted by the incorporators, or boar	rd of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were by the shareholders was/wer		umber of votes cast for the amendment(s)	
	approved by the shareholders throug for each voting group entitled to vote	th voting groups. The following statement esperately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were s	sufficient for approval	
by			
,	(voting group)		
09/22/2	023		
Dated		<u> </u>	
Signature	any n Sheller		· · · · ·
sele		- if directors or officers have not been ands of a receiver, trustee, or other court	
	Amy N Shelton		
	(Typed or printed nan	ne of person signing)	
	President/Director		
	(Title of person signin	ng)	<del></del>