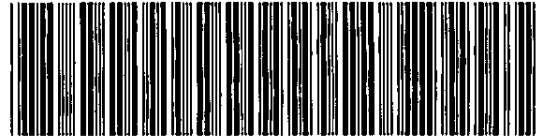


707083



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09/22/16--01007--001 \*\*35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE, FLORIDA

12/14/16

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Jacksonville Shell Club, Inc.

DOCUMENT NUMBER: 707093

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harry G. Lee MD FLS, Treasurer  
(Name of Contact Person)

Jacksonville Shell Club  
(Firm/ Company)

4132 Ortega Forest Drive  
(Address)

Jacksonville, FL 32210  
(City/ State and Zip Code)

shells@hglee.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

same at (904) 389 4049  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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**  
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

*dated*  
*19 Sept,*  
*2016*

*v # 1558*  
*enclosed*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2016

HARRY G. LEE  
4132 ORTEGA FOREST DR.  
JACKSONVILLE, FL 32210

SUBJECT: JACKSONVILLE SHELL CLUB, INC.  
Ref. Number: 707083

We have received your document for JACKSONVILLE SHELL CLUB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 605.0206, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 916A00020527

Articles of Amendment  
to  
Articles of Incorporation  
of the

JACKSONVILLE SHELL CLUB, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

707083

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

4132 ORTEGA FOREST DRIVE  
JACKSONVILLE FL  
32210

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

HARRY G. LEE, MD FLS

4132 ORTEGA FOREST DRIVE

(Florida street address)

New Registered Office Address:

JACKSONVILLE, Florida

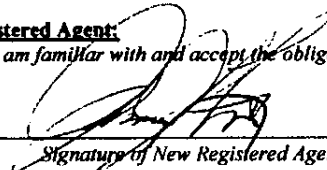
(City)

32210

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>LAURA ROWLEY</u>	<u>3676 Cascade Rd.</u> <u>Jacksonville, FL</u> <u>32207</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>CHARLOTTE THORPE</u>	<u>1010 N. 24<sup>th</sup> St.</u> <u>Jacksonville Beach</u> <u>FL 32250</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>HARRY G. LEE, MD FLS</u>	<u>4132 Ortega Forest</u> <u>Jacksonville, FL</u> \ <u>DAVE</u> <u>32210</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>MARY EDWARDS</u>	<u>512 Boxwood Place</u> <u>St. Augustine,</u> <u>FL 32086</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>HARRY G. LEE, MD FLS</u>	<u>4132 Ortega Forest</u> <u>Jacksonville</u> \ <u>Drive</u> <u>FL 32210</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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The date of each amendment(s) adoption: September 15, 2016 (ALL), if other than the date this document was signed.

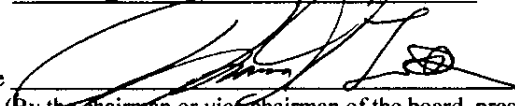
Effective date if applicable: same  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- The amendment(s) were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated October 1, 2016

Signature   
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Harry G. Lee MD, FLS  
(Typed or printed name of person signing)

Treasurer, Jacksonville Shell Club, Inc.  
(Title of person signing)