752087

(Re	equestor's Name)	ı
(Ad	ldress)	
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	r	
(Cit	y/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Na	me)
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QU)	cument number)
Certified Copies	_ Certificate	s of Status
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Dunedin Boxi	ng Club, Inc.	
DOCUMENT NUMBER: 752087		
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Ron Valicoff		
(Name o	f Contact Person)	
Dunedin Boxing Club, Inc.		
(Fire	m/ Company)	
1611 Huntington Ln.	(Address)	
	Addiess	
Safety Harbor, Fl. 34695	ate and Zip Code)	
For further information concerning this matter, p	•	
Ron Valicoff	at (727) 409-868	5
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Dep	artment of State:
■\$35 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 Ci	rcle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	ing Club, Inc.	
(Name of Corporation as currently file	d with the Florida Dept. of State	<u>e</u>)
752	2087	
(Document Number of C		
Pursuant to the provisions of section 617.1006, Florida Sthe following amendment(s) to its Articles of Incorporation		ofit Corporation adopts
A. If amending name, enter the new name of the cor	poration:	
Clearwater Boxing Club, Inc.		
The new name must be distinguishable and contain that abbreviation "Corp." or "Inc." "Company" or "Co." Inc."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PESS	S S
12 melpin office unit ost into a sure of the sure of t		超四型
		35 - F
		70 3 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))	70 W
		22 3
	4 - 11	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		r the name of the
Name of New Registered Agent:		
		•
New Registered Office Address:	(Florida street address)	•
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis		
I hereby accept the appointment as registered agent. position.	I am familiar with and accept	the obligations of the
	of New Registered Agent, if chan	ging

	and title, name, and address of dditional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
			Add
			Remove
			Remove
			🚨 Add
			☐ Remove

•	The date of each amendmen	t(s) adoption: 11 25 2008
•	Effective date if applicable:	
		(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	ere adopted by the members and the number of votes cast for the amendment(s) proval.
	There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
	hav	25/2008 The chairman or viet chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)
		Ron Valicoff
		(Typed or printed name of person signing)
		Director
		(Title of person signing)