

No/000008952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

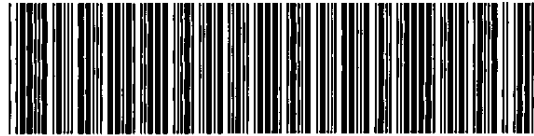
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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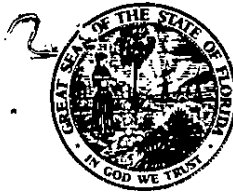
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08 JUL 25 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
ORB
7/25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2008

WILLIAM R. ROHN
2159 ST. JOHNS BLUFF RD.
JACKSONVILLE, FL 32246

SUBJECT: JACKSONVILLE RACEWAYS HALL OF FAME, INC.
Ref. Number: N01000008952

We have received your document for JACKSONVILLE RACEWAYS HALL OF FAME, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

PLEASE PUT THE FULL DATE IN THE DATE OF ADOPTION, MONTH, DAY AND YEAR.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 408A00041191

RECEIVED
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jacksonville Raceways Hall of Fame, Inc

DOCUMENT NUMBER: N01000008952

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

Please return all correspondence concerning this matter to the following:

William R Rohn

(Name of Contact Person)

(Firm/ Company)

2159 St. Johns Bluff Rd

(Address)

Jacksonville, FL 32246

(City/ State and Zip Code)

For further information concerning this matter, please call:

William R Rohn

(Name of Contact Person)

at (904) 646-1375

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| ☒ \$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

RECEIVED
2000 JUL 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 JUL 25 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

[illegible]

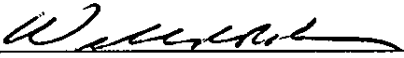
(Attach additional pages if necessary)
(continued)

SATURDAY 1st
The date of adoption of the amendment(s) was: December 2007

Effective date if applicable: May 15th 2008
(no more than 90 days after amendment file date)

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

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

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.)

William R Rohn

(Typed or printed name of person signing)

Prseident

(Title of person signing)

FILING FEE: \$35