NO200000 9019

•
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(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2010

DYAN THOMPSON CAPE CORAL SOFTBALL 2619 FAIRMONT COVE CT CAPE CORAL, FL 33991

SUBJECT: CAPE CORAL SOFTBALL, INC.

Ref. Number: N02000009019

We have received your document for CAPE CORAL SOFTBALL, 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Letter Number: 610A00003511

Tina Roberts Regulatory Specialist II

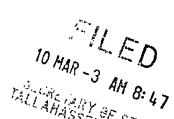
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:CAP	E CORAL SOFTBALL	INC
DOCUMENT NUMBER: NOZO	00009019	····
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
6	Thomason	
	Inumpson Jame of Contact Person)	
CADE WAR	L SOFTBALL, INC (Firm/ Company)	
	(Firm/ Company)	· · · · · · · · · · · · · · · · · · ·
B 導 P. O. Box	/5/63\ (Address)	
4 6 FE	(Address)	
E SESS CAPE CUR	AL FL 33915 ity/ State and Zip Code)	,
C THE C	ity/ State and Zip Code)	
P.O. Bot P.O. Bot OD OD OD OD OD OD OD OD OD O	be used for future annual report notification	n)
For further information concerning this matter	r, please call:	
DYAN Thompson	at (739) 218-6 (Area Code & Daytime	9597
(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	& \[\$43.75 \text{ Filing Fee & } \] Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Ci	rcle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



CAPE GRAL S	SOFTBALL、エルC. tly filed with the Florida Dept. of	State) FLORID.
	•	- 10/ ₁
N 070000901	er of Corporation (if known)	
ursuant to the provisions of section 617.1006, Flace following amendment(s) to its Articles of Income.		r Profit Corporation ac
. If amending name, enter the new name of t	he corporation:	
he new name must be distinguishable and con bbreviation "Corp." or "Inc." "Company" or "		
3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	
•	<u> </u>	
D. If amending the registered agent and/or reg new registered agent and/or the new registered	gistered office address in Florida, ered office address:	enter the name of the
Name of New Registered Agent:		
<u>New Registered Office Address:</u>	(Florida street address)	
· _	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered a		cept the obligations of

Signature of New Registered Agent, if changing

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
<u> </u>	Michael Rich	2005 CAPE HEADER	Add Add Remove
<u>~~?</u>	Authory Knolcyzk	CAPE CORAL FL	⊠ Add 3390 □ Remove
<u>5EL</u>	Shellar Jones	4753-ORALGE COVE NFT MYEAS FL 3	Blvo #5 Add 350 3 Remove
SEC_	CONNIE MOLF		L 335TY DE ROMOVE
	nding or adding additional Articles, ent additional sheets, if necessary). (Be spe	er change(s) here:	De les Menos
	·		

The date of each amendment(s) adoption	: October 1, 2009
Effective date if applicable:	· (date of adoption is required)
	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entire adopted by the board of directors.	tled to vote on the amendment(s). The amendment(s) was/were
Dated Z/Z4/I	lan Monnson
(By the chairman have not been se	n or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	PRUSIDENT
	(Title of person signing)

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