

N07000000534

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 16 PM 3:18

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Amend ✓ K  
Tlewis  
12-16-11

**COVER LETTER**

**TO: Amendment Section**  
**Division of Corporations**

**NAME OF CORPORATION:** Mariner Sands Charity Classic, Inc.

**DOCUMENT NUMBER:** N07000000534

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

Please return all correspondence concerning this matter to the following:

Leigh Schmalz

(Name of Contact Person)

Mariner Sands Charity Week, Inc.

(Firm/ Company)

6500 Mariner Sands Drive

(Address)

Stuart, FL 34997

(City/ State and Zip Code)

leighschmalz@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leigh Schmalz

(Name of Contact Person)

at ( 772 ) 283-1114

(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



## MARINER SANDS CHARITY WEEK

6500 SE Mariner Sands Drive  
Stuart, FL 34997

December 13, 2011

Florida Department of State  
Division of Corporations  
C/O Thelma Lewis – Doc. Special Supervisor  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document Number N110000009978

Dear Thelma,

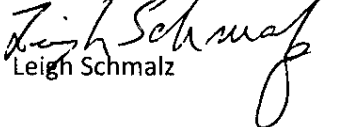
Per our conversation, yesterday, I am writing on behalf of the Mariner Sands Charity Classic to advise that we waive all rights in connection with the name change from the Mariner Sands Charity Classic to the Mariner Sands Charity Week. I understand we normally would need to wait 6 months before we could use the Mariner Sands Charity Week name. However we wish to use the Mariner Sands Charity Week name immediately in our program for tax reasons.

As discussed, I have chaired the Mariner Sands Charity Classic for the past 5 years and now chairing the Mariner Sands Charity week which is simply extending the time of our charity activities at Mariner Sands to one week instead of one day.

Thank you for expediting the approval of this request.

All the best for the Holidays!

Sincerely,

  
Leigh Schmalz



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2011

LEIGH SCHMALZ  
MARINER SANDS CHARITY WEEK, INC.  
6500 MARINER SANDS DRIVE  
STUART, FL 34997

SUBJECT: MARINER SANDS CHARITY CLASSIC, INC.  
Ref. Number: N07000000534

We have received your document for MARINER SANDS CHARITY CLASSIC, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 811A00027043

RECEIVED

11 DEC 16 AM 8:17

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

11 DEC 16 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Mariner Sands Charity Classic, Inc.

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

N07000000534

(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:**

Mariner Sands Charity Week, Inc.

*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)*

\_\_\_\_\_

\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

(Florida street address)

\_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
Florida

\_\_\_\_\_  
(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*

**If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**

*(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)*

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>Co-CHAIR</u>	<u>D'Arcy Le Clair</u>	<u>6286 SE. Oakmont Place</u> <u>Stuart, FL 34997</u>
2) <u>Co-CHAIR</u>	<u>(CURA)</u> <u>RAY VAN CURA</u>	<u>6463 SE. Spyglass Lane</u> <u>Stuart, FL 34997</u>
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

ON 11-28-11 The officers + Board of Directors  
amended our articles of incorporation to reflect the  
name change from the MARINER SANDS CHARITY CLASSIC  
to the MARINER SANDS CHARITY WEEK.

The date of each amendment(s) adoption: 11-28-11

(date of adoption is required)

Effective date if applicable: Same

(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(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 11-28-11

Signature Leigh Schmalz

(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)

Leigh Schmalz

(Typed or printed name of person signing)

CHAIRMAN: MARINER SANDS CHARITY WEEK.

(Title of person signing)