# M24(e20

(Re	equestor's Name)	
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SECRETARY OF STATE

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Ochadoo You	OTH HOCKEY ASSO	DUATION, INC.
DOCUMENT NUMBER: N24620		
The enclosed Articles of Amendment and fee are submi	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
Louis J. DiPa	4000	
Louis J. DiPa	ontact Person)	
Oclando Youth (Firm/C	Hockey	
(Firm/ C	Company)	
1997 PINE BAY	DRIVE	
(Ad	dress)	
LAKE MARY FL (City/State)	32746 and Zip Code)	
Ldipaolo@seminole E-mail address: (to be used f		on)
For further information concerning this matter, please c	all:	
Louis J. Di Paoco (Name of Contact Person)	_at(407_)_323-8	990 EXT 200
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount made pay		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 C	,

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2009

LOUIS J. DIPAOLO ORLANDO YOUTH HOCKEY 1885 PINE BAY DRIVE LAKE MARY, FL 32746

SUBJECT: ORLANDO YOUTH HOCKEY ASSOCIATION, INC.

Ref. Number: N24620

We have received your document for ORLANDO YOUTH HOCKEY ASSOCIATION, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

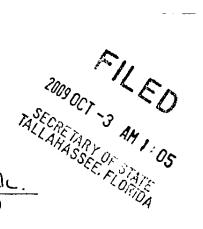
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 209A00032758

### **Articles of Amendment Articles of Incorporation** of



Florida 32746 (Zip Code)

ORLANDO YOUTH HOLKEY ASSOCIATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
N24620
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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)
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: Louis J DiPaoco
New Registered Office Address: (Florida street address)

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

Page 1 of 3

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>I itle</u>	<u>Name</u>	Address	Type of Action
PD	GREGG ZULKERMAN	3938 LOWER UNION RO DRIAMAD FL 32814	
Plo	Louis J. DiPAQLO	1885 PINE BAY DE LAKE MANY FL 3274	Add Remove
2/10	TREVUR KRETZMAN	124 DIRKSEN DRIVE DEBONY FL 32713,	
	ing or adding additional Articles, enter ditional sheets, if necessary). (Be spec		
-845; 6.5; 6.5; 6.5;			
	1		
		-	

# 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
RID	SHARON KEELER	4103 WINGEON LANG ORLANDO, FL 32817	Add Remove
			Add Remove
	<del></del>		Add Remove
E. If amend (attach ad	ling or adding additional Articles, ent dditional sheets, if necessary). (Be spe	er change(s) here:	
·		<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	
		<u>:</u>	

The date of each amendment(s)	adoption: 10-0-09 (date of adoption is required)
Effective date if applicable:	(date of adoption is required)
Enective date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mer adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ears.
DatedSignature	10/4/09 Lais 1- Vila
(By the	chairman or vice chairman of the board, president or other officer-if directors ot been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
_	Louis J. Di Paolo
	(Typed or printed name of person signing)  President
-	(Title of person signing)