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FILED 2018 OCT -1 AM 9: 53 SECRE (ARY OF STATE

C. GOLDEN

OCT - 4 2018

## **COVER LETTER**

NAME OF CORPORATION: The Bears of South Florida, Inc The enclosed Articles of Amendment and fee are submitted for filing, Please return all correspondence concerning this matter to the following: Tones
(Name of Contact Person) Bears of South Florida
(Firm/Company) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is: Certified Copy enclosed) (Additional Copy is Enclosed)

**Mailing Address** 

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Ciifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

of

The Bears of	South	Florida	, Inc.
(Name of Corporation as	currently filed with th	e Florida Dept. of State)	
NATO	00000	95 F 9	
(Documen	nt Number of Corporatio		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida N</i>	vot For Profit Corporation	adopts the following
A. If amending name, enter the new name of the co	orporation:		
		****	The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name	corporation" $\sigma r$ "incorp	orated" or the abbreviatio	n "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
	<del></del> -	<del></del>	<del></del>
D. If amending the registered agent and/or register new registered agent and/or the new registered		orida, enter the name of t	<u>he</u>
Name of New Registered Agent:			
		·	
<del>-</del>		(Florida street address)	
New Registered Office Address:		•	
		. Flori	da
	(City)		n Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		accept the obligations of th	e position.
	Signature of New	Registered Agent, if chang	ing

Page 1 of 4

2018 OCT - 1 AM 9: 53 CECRETARY OF STATE TALLAHASSEF, FI

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director: TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address (
1) Change	5	Hiley Kie	chard 2200 NW 2ndA
Add			wilton Manors, FC
Remove			333((
2) Change			
Add			
Remove			
3) Change	_	<del>-</del>	
Add			<del></del>
Remove			
4) Change		<del>-</del>	<del></del>
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5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional A attach additional sheets, if necessary	y į be spec	ную)					
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The date of each amendment(s) adop	otion:	9-12-15		_, if other than the
date this document was signed.	/	0-(-(	82	
Effective date <u>if applicable</u> :	(no more than 90 da	ys after amendment file o	late)	
Note: If the date inserted in this block document's effective date on the Depa			irements, this date will not b	e listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and	the number of votes cast	for the amendment(s)	
☐ There are no members or member adopted by the board of directors		amendment(s). The amer	idment(s) was/were	
Dated9	-25-18			
Signature	my Ch	ms)		
(By the chairms have not been		e board, president or other ator – if in the hands of a fiduciary)		_
	Tony C.	Jone S rinted name of person sig	<del></del>	
	(Typed or p			
	Preside	ent 4	reasoner	-
	(	Title of person signing)		