# 143544

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Amend

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I ALBRITTON

# **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION	Chargers Soccer Club,	, Inc.		
	763544			
DOCUMENT NUMBER: _				
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Kathleen Shelton				
	(	Name of Contact Pers	son)	
Chargers Soccer Club, Inc.				
		(Firm/ Company)		
P.O. Box 47026				
		(Address)	· · · ·	
Tampa, FL 33646				
	(	City/ State and Zip Co	ode)	
Kathleen@ChargersSoccer.c	com			
Е	-mail address: (to be used t	for future annual repo	rt notification	)
For further information conc	erning this matter, please c	all:		
Kathleen Shelton		at	313	444-8325
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida De	epartment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddress	Stre	et Address	

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

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

## Articles of Amendment to Articles of Incorporation of

Chargers Soccer Club, Inc.		
(Name of Corporation as curr	ently filed with the Fl	orida Dept. of State)
763544		
(Document Nur	nber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
N/A		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorpora	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>(S</u> )	
	<del> </del>	#2
		YOU E
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SEP .
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		a, enter the name of the
Name of New Registered Agent:	KEN	NETH S. KIMBRELL
2140 D	rew St., Suite C	
		(Florida street address)
New Registered Office Address:		*
Clearwa	ater	Florida 33765
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am	ed Agent:	, , , , , , , , , , , , , , , , , , ,
<u> </u>	m(1)	/ mym

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>V</u> <u>Mik</u>	n Doc ce Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Presiden	Robert O'Nan	6923 Spanish Moss Circle
Add			Tampa, FL
XX Remove			
2) XX Change	PRES	KENNETH S. HIMBRELL	(eddress change only)
Add			2140 Drew Street, Suite C
Remove			Clearwater, Fl 33765
3) Change			
Add			
Remove			
4) Change			
, Add	<del></del>		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
N/A	
+ + + + + + + + + + + + + + + + + + +	

	date of each amendment(s) this document was signed.	) adoption:	, if other than the
Effe	ctive date <u>if applicable</u> :	N/A	
		(no more than 90 days after amendment file da	ate)
		block does not meet the applicable statutory filing require Department of State's records.	rements, this date will not be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
×	The amendment(s) was/wer was/were sufficient for app	e adopted by the members and the number of votes cast froval.	for the amendment(s)
	There are no members or n adopted by the board of dis	embers entitled to vote on the amendment(s). The amend ectors.	dment(s) was/were
	Dated	9/21/17	
	Signature	Knight S. Knibe	U V
	(By the c	hairman or vice chairman of the board, president or other been selected, by an incorporator – if in the hands of a re urt appointed fiduciary by that fiduciary)	
		KENNETH S. "STEVE" KIMBREL (Typed or printed name of person sign	ing)
		PRESIDENT (Title of person signing)	
		(Title of person signing)	