

LD3906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/20/15--01010--006 **35.00

15 MAY -5 AM 11:11

RECEIVED
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DIVISION
OFFICE

C.L.
5-12-15

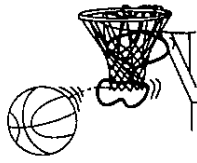
BALLBACK®

BALLBACK INC.

P.O. Box 07308 • Ft. Myers, FL 33919

Phone (941) 542-1274

Fax (941) 549-5951



**Kicks Ball
Back to You**

Mr. Joseph W. Mehrtens 111

5-1-15

2221 Fordham Circle North

Jacksonville FL 32217

Mr. Mehrtens,

We are seeking your approval and assistance ...as we are attempting a corporate name change.

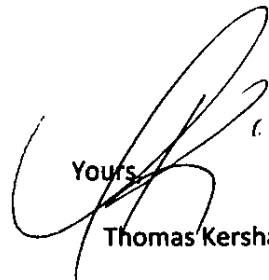
We applied for a corporate name change to "616 Corp"....unaware of a required "holding period" prior to its availability...as explained in the attached letter from Carolyn Lewis (Florida Dept of State).

After calling Ms. Lewis for proper resolutionshe offered a procedure that allows continuation of our application.

Of course, this solution requires your approval...which we would greatly appreciate.

We enclose a prepared statement for your signature and return to us...for our proper response to satisfy Ms. Lewis.

And we thank you for understanding our situation.

Yours,

Thomas Kershaw

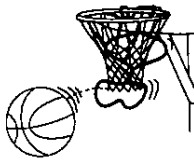
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**Kicks Ball
Back to You**

Ms. Carolyn Lewis Regulatory Specialist 11

Florida Department Of State

Division Of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Letter Number 615A00008161

Document Number P97000005576 of name conflict

Dear Ms. Lewis

Enclosed are copies of correspondence and forms regarding our requested corporate name change from "Ballback,inc" to "616 Corp".

The process was stalled by a required time frame, and you suggested procedures taken.

As advised, we have include Mr. Mehrtens ' signed statement for releasing the name to another entity.

Thank you for your assistance in this matter.

Yours,


Thomas Kershaw

5/8/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2015

THOMAS KERSHAW
5626 RIVERSIDE DRIVE
CAPE CORAL, FL 33904 US

SUBJECT: BALLBACK, INC.
Ref. Number: L03906

We have received your document for BALLBACK, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P97000005576.

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) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 615A00008161

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

BALLBACK, INC

DOCUMENT NUMBER:

L 03906

L 03906

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

Please return all correspondence concerning this matter to the following:

THOMAS KERSHAW

Name of Contact Person

Firm/ Company

5626 RIVERSIDE DRIVE

Address

CAPE CORAL FL 33904

City/ State and Zip Code

TOM@INVENTORS PARADISE.COM

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

For further information concerning this matter, please call:

THOMAS KERSHAW

Name of Contact Person

at (239) 542-1274

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAY -5 AM 11:11

Ms. Carolyn Lewis Regulatory Specialist 11

Florida Department Of State

Division Of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Letter Number 615A00008161

Document Number P97000005576 of name conflict

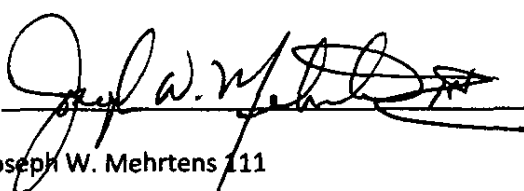
Dear Ms. Lewis

We hope this will assist the "Ballback Inc" application issue.

Regarding the status of the corporate name "616,Inc"

We are informing you that we have no intention of reinstating the name, and therefore allow releasing the name for use to another entity.

signed

 5/5/20/15
Mr. Joseph W. Mehrrens 111

2221 Fordham Circle North

Jacksonville, FL 32217

Articles of Amendment
to
Articles of Incorporation
of

FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 MAY -5 AM 11:11

BALLBACK, INC

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

L 03906

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

CLC CORP

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable: N/A
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: N/A
(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: N/A

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent: N/A

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, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: NA

(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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

The date of each amendment(s) adoption: _____
date this document was signed.

15 MAY -5 AM 11:11

Effective date if applicable: _____

JUNE 1 2015

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

4-14-2015

Signature

Thomas Kershaw

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

THOMAS KERSHAW

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)