# NO1000003114

(Requestor's Name)  (Address)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
<u> </u>
Special Instructions to Filing Officer:

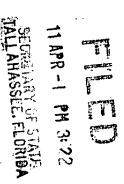
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Th. 4-4-11

#### **COVER LETTER**

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

Tallahassee, FL 32314

NAME OF CORPOI	RATION: Wesley Ch	apel Pasco Holice	Athletic League, INC.
	BER: NO10000		·
	of Amendment and fee are subr		
Please return all corre	spondence concerning this matte	er to the following:	
	Douglas	Johnson	
,	(Name of (	Contact Person)	<del></del>
	(Firm/	Company)	
	26704 E	Easy St.	
	· (A	ddress)	
	Wesley Chas	e and Zip Code)	44_
	, ,		
	E-mail address (to be used	de paneva. Corr for future annual report notificati	) on)
For further informatio	n concerning this matter, please	•	,
011-2-	a alaba et	502 PIN-1	38 <b>W</b>
(Name	of Contact Person)	at ( 93 3 ) 810 - 3 (Area Code & Daytime	Telephone Number)
Enclosed is a check fo	or the following amount made pa	yable to the Florida Department o	f 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)
Amen Divisi	ng Address dment Section on of Corporations dox 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment

to

### Articles of Incorporation of

Wesley Chapel Pas	oco Police	2 Athleti	<u>leag</u> ue, In	IC.
(Name of Corporation as curre	ntly filed with the	Florida Dept. of	State)	
N010000	03114			
	ber of Corporation	ı (if known)	<del></del>	
Pursuant to the provisions of section 617.1006, I the following amendment(s) to its Articles of Inc.		nis <i>Florida Not Fo</i>	r Profit Corporation adopts	
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" or	Tackle Food	corporation" or "		·
B. Enter new principal office address, if appl	icable:			
(Principal office address MUST BE A STREET			- Eu -	Ý .
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered agent and/or the new registered agent.)	egistered office ac		enter the name of the	
Name of New Registered Agent:				
New Registered Office Address:	(Florida	street address)		
-			, Florida	
	(	(City)	(Zip Code)	
New Registered Agent's Signature, if changing the hereby accept the appointment as registered position.			cept the obligations of the	
Si	gnature of New Re	egistered 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: - (Attach additional sheets, if necessary) Address Type of Action Title Name ☐ Remove ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption:	<u> </u>
	(date of adoption is required)
Effective date if applicable: (no n	nore than 90 days after amendment file date)
$\Delta$	CHECK ONE) the members and the number of votes cast for the amendment(s)
There are no members or members entitl adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were
halfe not been sel	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or ited fiduciary by that fiduciary)
	Typed or printed name of person signing)
	(Title of person signing)

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