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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Blue Devi	s Touchdown Club, Inc.		
N01000007071			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fe	ee are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Mike Trueheart			
	(Name of Contact	Person)	
Blue Devils Touchdown Club, Inc.	•		
	(Firm/ Compa	ny)	
P.O. Box 891			
	(Address)		
Winter Haven, FL 33882			
	(City/ State and Zip	code)	
susanrae01@msn.com			
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matt	er, please call:		
Susan Human	ş	863	875-5383
(Name of Conta		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amoun	t made payable to the Florida	Department of S	tate:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Certificate of	ng Fee & \$\Bigsig \text{\$43.75 Filing Fe}\$ Of Status Certified Copy (Additional copy enclosed)	Certific is Certific	Filing Fee cate of Status ed Copy is sed)
Mailing Address Amendment Section		treet Address mendment Section	on

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

Blue Devils Touchdown Club, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N01000007071 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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: (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) 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

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 <math>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 Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) x Change	v	Joseph Dalton	P.O. Box 891
Add			Winter Haven, FL 33882
Remove			
2) X Change	S	Theresa Reincke	P.O. Box 891
Add			Winter Haven, FL 33882
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
				
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		04/04/17	
	e date of each amen e this document was	dment(s) adoption:signed.	, if other than the
Eff	ective date <u>if applic</u>	able:	
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not the on the Department of State's records.	be listed as the
Ad	option of Amendme	nt(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
	There are no membadopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
	Dated	04/04/17	
	Signature	& Deale	_
		By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		Mike Trueheart	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	