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MAR 1 5 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: North Florida	Kart Cl	ub, Inc	.N	·····.		
DOCUMENT NUM	BER: N02000000449						
The enclosed Articles	of Amendment and fee are sul	bmitted fo	r filing.				
Please return all corre	spondence concerning this mat	ter to the	following	3:			
		rt Hende					
	(Name of	f Contact I	erson)				
	NFK	C Sec/T	res				
	(Firm/ Company)						
2533 Oak St.							
•	(Address)						
	.lacksor	nville,Fl (32204				
		ite and Zip					
		t@aol.co					
	E-mail address: (to be use		re annuai	rep	ort notific	ation)	
For further informatio	n concerning this matter, pleas	e call:					
Robert Hendersor)	at (904	 /-	994387		
(Name	of Contact Person)		(Area (Code	& Daytir	me Telephone Number	.)
Enclosed is a check fo	r the following amount made p	ayable to	the Flori	da D	epartmen	t of State:	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certif	ŕ	py is	S	□ \$52.50 Filing F Certificate of State 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				

Articles of Amendment to Articles of Incorporation of

North Florida Kart Club, Inc.

(Name of Corporation as o	currently filed with the Florida Dept.	of State)
(Document	Number of Corporation (if known)	
`	•	
rsuant to the provisions of section 617.10 e following amendment(s) to its Articles		F <i>or Profit Corporation</i> ad
If amending name, enter the new nam	ne of the corporation:	
e new name must be distinguishable an breviation "Corp." or "Inc." <u>"Compan</u>		
Enter new principal office address, if		
rincipal office address <u>MUST BE A STI</u>	<u>KEET ADDRESS</u>)	
Enter new mailing address, if applica		
(Mailing address <u>MAY BE A POST Of</u>	FFICE BOX)	
If amending the registered agent and		a, enter the name of the
new registered agent and/or the new i	registered office address:	
Name of New Registered Agent:		AH 8: 46
		8 4 8
New Registered Office Address:	(Florida street address)	्रेस १४
	(0:.)	, Florida
	(City)	(/in (nde)
		(Zip Code)
ereby accept the appointment as regist		
w Registered Agent's Signature, if chastereby accept the appointment as registation.		

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Preser.	William Newberg	2894 Eagle Point Rd. Middleburg, Fl. 32068	☐ Add ☑ Remove
			Add Remove
			
E. <u>If amend</u> (attach ad	ling or adding additional Articles, dditional sheets, if necessary). (Be	enter change(s) here: specific)	
	<u> </u>		
·			
		- A4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			·····.

The date of each 'amendme	nt(s) adoption: _	03/09/11		
Effective date <u>if applicable</u> :	00/00/44	(date of adoption is	required)	
		ore than 90 days after an	nendment file date)	
Adoption of Amendment(s)	(<u>C</u>)	CHECK ONE)		
The amendment(s) was/w was/were sufficient for ap		he members and the num	ber of votes cast for the	amendment(s)
There are no members or adopted by the board of d		ed to vote on the amendm	ent(s). The amendment(s) was/were
Dated 03/	10/11			
Signature _	Relat	+ Ho	Sec/Tres	NFKC
ha	ve not been selec	or vice chairman of the booketed, by an incorporator ted fiduciary by that fiduciary	- if in the hands of a re	
		Robert Hende	rson	
	(T _y	yped or printed name of	person signing)	·······
	<u></u>	Sec/Tres		
		(Title of person signi	ng)	

Page 3 of 3