NO2 000008527

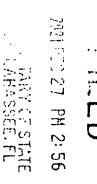
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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NAME OF CORPORATION:	ts Officials of Central I	Florida ————————	
N02000008527 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Michel L Catin			
	(Name of Contact P	erson)	
High School Sports Officials of Central Florida			
	(Firm/ Compan	y)	
PO Box 4389			
	(Address)		
Orlando, FL, 32802			
	(City/ State and Zip	Code)	<u>-</u>
treasurer@hssocf.com			
E-mail address: (to be us	sed for future annual re	port notification	1)
For further information concerning this matter, plea	ase call:		
Michel L Catin	at	407	256-9997
(Name of Contact Pers		(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	-	Certif is Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations	Ar	reet Address mendment Sectivision of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

High School Sports Officials of Central Florida

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N02000008527		
(Document	Number of Corporation (f known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpor	ited" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	K)	
		3
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Flori	da, enter the name of the
Name of New Registered Agent:		900 P
New Registered Office Address:		(Florida street address)
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and acc	ept the obligations of the position.
	Signature of New Re	vistered Avent 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 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	PT John Do V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
i) <u>*</u> Change Add	<u>P</u>	Eddic Loyola	1270 Lancelot Wav Casselberry, FL, 32707
2) <u>× Change</u> Add	<u>v</u>	Greg McCoy	1851 Temple Drive Winter Park, FL, 32789
Remove 3) Remove Add Remove	<u>P</u>	Greg McCov	Winter Park, FL. 32789
4) Change Add			
Remove 5) Change Add			
Remove			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
			

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The date of each amendment(s) adoption:	9/19/2021			:6 -ab ab ab
The date of each amendment(s) adoption: date this document was signed.				, if other than the
date this document was signed.				
Effective date if applicable:		s after amendment j		
(n	io more than 90 day	s after amendment f	ue date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applic t of State's records.	able statutory filing	requirements, this date wi	II not be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

Signati	\(\mathrea{\pi}\) \(\lambda \) \(\frac{1}{2}\pi\).
Signan	(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)
	Michel L. Catin
	(Typed or printed name of person signing)