## N030000059a

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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10/28/14

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Miss En	glewood Girls Fa	st Pitch Softball, Inc
DOCUMENT NUMBER: NO3000C	000592	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Carol Howe		
	(Name of Contact Person	1)
Miss Englewood Girls	Fast Pitch So	ftball, Inc
	(Firm/ Company)	
6113 McKee Street		
	(Address)	
Port Charlotte, FL 33	981	
	(City/ State and Zip Cod	e)
carolhowe07@		
·	e used for future annual report	notification)
For further information concerning this matter, p		
Carol Howe	404	556-2266
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Depa	artment of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of S	Fee & \$\sumsymbol{\subset}\$\$\$ \$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	Ameno Divisio Cliftor 2661 I	Address  Iment Section on of Corporations a Building Executive Center Circle

## Articles of Amendment **Articles of Incorporation**

FILED.

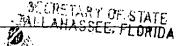
## Miss Englewood Girls Fast Pitch Softball, Inc

2014 OCT 16 AM 8: 39

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

N03000000592

(Document Number of Corporation (if known)



	<u></u>		The ne
name must be distinguishable and contait <u>"Company" or "Co." may not be used in</u>		tion" or "incorporated" or the abbreviation '	'Corp." or "Inc.
B. Enter new principal office address,	<del>-</del>	6113 McKee Street	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		Port Charlotte, FL 33981	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	cable: OFFICE BOX)	6113 McKee Street	
-		Port Charlotte, FL 33981	
D. If amending the registered agent an new registered agent and/or the new		e address in Florida, enter the name of the	
Name of New Registered Agent:	Carol Howe	<del></del>	
Nume of New Registered Agent.	6113 McKe	e Street	
New Registered Office Address:		(Florida street address)	
	Port Charlo	tte, Florida 3398	1
	(City)		Zip Code)
New Registered Agent's Signature, if cl			
I hereby accept the appointment as regist	ered agent. I am far	niliar with and accept the obligations of the p	osition.

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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Jeanne O'Rourke	842 E 6th Street
Add			Englewood, FL
X Remove			34223
2) X Change	Р	David Gulsby	11569 Wilmington Blvd.
Add			Port Charlotte, FL
Remove			33981
3) X Change	TRES	Carol Howe	6113 McKee Street
Add			Port Charlotte, FL
Remove			33981
4) Change	VP	Eddie Moore	701 Edwards Street
X Add			Englewood, FL
Remove			34223
5) Change	S	Julia Starbuck	PO Box 203
Add			Placida, FL
X Remove			33946
6) Change	<u>s</u>	Melissa Goff	5344 Venus Terr
X Add		- <del> </del>	Port Charlotte, FL
Remove			33981
		Page 2 of 4	

attach additional sheets, if necessary).	(Be specific)
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	e date of each amendment(s) adoption:e this document was signed.	, if other than the
	ective date if applicable: October 13, 2014	
	(no more than 90 days after amendment file date)	_
Ado	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	October 13, 2014	
	Signature Aprol Howe	
	(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)	
	Carol Howe	
	(Typed or printed name of person signing)	
	Treasurer Registered Agent	
	(Title of person signing)	